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Covid-19 Dispatches

Edited by
Jessie Kindig
Mark Krotov
Marco Roth



VERSO 50

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Introduction

There is always outside

Jessie Kindig

The title of this collection is something of a feint—there is always outside.

Even during this quarantine period, from inside our homes—should we have them—we see the outside through windows. From mine, outside looks like birds, masked walkers, ambulances, leafing trees, the NYPD mobile command unit, neighbors arriving to mourn the dead, a small patch of sky. We also try to map the outside world through unemployment rates and death counts, social media posts and hearsay, reports of overwhelmed hospitals and domestic violence hotlines, the spaced-out line of people at the church food bank up the street. Outside glints and beckons. Outside people die.

What these essays track, drawn from *n + 1*'s website and print issue and Verso's blog over the past weeks, is not the fact of no outside, but rather what it is to feel that there is no outside. Perhaps we work at one of the overwhelmed hospitals, or have been to one. As Karim Sariahmed reports, to experience the "ever-worsening status quo" of the ER is to know a crisis so severe and all-consuming that "there is no outside." The pandemic has only further constricted the thin living space to be had at the extremes of these borders—for those in prison, *on the inside*, as Sarah Resnick relates; for the homeless, for whom there is only ever outside, as Ana Cecilia Alvarez notes from Los Angeles; for Muslims in India being further excluded from Hindu society and confined to the insides of ghettos, as Shigraff Zahbi reports from Delhi; and for those, as Teresa Thornhill describes, in Greece's refugee camps, held in limbo between exile and belonging, outside and in.

To be denied an outside is to be forced to mine the interior, to measure the weight of the social body once it has been hollowed out. So Francesco Pacifico recounts from Rome, and so Rachel Ossip

describes in her account of the virus's effect on a body. Mark Krotov grieves those who have died, and Chloe Aridjis keeps looking for the ones who have gone missing.

There is, it seems to many of our authors, no outside to outside either. "I must leave my house," Sean Cooper declares, yet finds himself entrapped within a Covid-19 landscape of surveillance apps and digitized contact tracing; in a different way, Aaron Timms and Marco Roth each find that the gardens and streets of Brooklyn remind them of the scale of loss that exists and the mammoth work of repair the future will require.

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Let me say this. I miss the outside, desperately, by which I mean: I miss the conditions of social life under which we might begin to practice repair. I miss the glinting world.

In quarantine, I have been kept good company by Virginia Woolf's late—last—masterpiece, *The Waves*. It's a cacophony of a book, full of the mad lyricism of the young eager to eat the whole world, their voices interweaving. Everything, every moment and interaction, every falling leaf and failed kiss and butter-stained napkin means so, so much. Yet the novel is framed by the quiet, human-less beach—the sounds of birds swarming and waves beating and the mute hills, bristling—Woolf says—with trees. This is a book about what is bundled together and what is kept apart, and the necessary relationship between the two:

In the garden the birds that had sung erratically and spasmodically in the dawn on that tree, on that bush, now sang together in chorus, shrill and sharp; now together, as if conscious of companionship, now alone as if to the pale blue sky ... Fear was in their song, and apprehension of pain, and joy to be snatched quickly now at this instant.

What makes the world, Woolf reminds, is not the mere fact of it but the waves of relations into which it plunges you. Jack Norton's photo essay from the deindustrialized towns of northern New York reminds us of the same. Everywhere, even—especially—spaces gutted by capital, is the center of the universe. Even on an empty beach, the waves still beat.

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We are in a moment when outside the crisis and outside the quarantine seems a utopia as unattainable as the diorama in a snow globe. These essays each argue that the global crisis of Covid-19 is intricately connected to the unfolding devastation of neoliberalism

and racism, environmental destruction and precarity, mass incarceration and the rise of emboldened authoritarian states. Across India, for example, as Debjani Bhattacharyya and Banu Subramaniam show, the crisis has only served to highlight the “spreading virus” of Hindu fascism.

Andrew Liu notes in his incisive essay on Wuhan and global capitalism that tracking the spread of the virus illustrates “contemporary global interchange at its most prosaic,” as the novel coronavirus transmission pathway has followed the circuits of twenty-first century markets.

In so doing, the pandemic has highlighted the vulnerabilities of these nodes, prime among them the precarious workers who exist in the shadow of recognized labor markets. Laleh Khalili surveys the position of seafarers during the epidemic, the workers responsible for global shipping and tourism, without which capitalism in its current form could not function. These sailors, most on short-term contracts with little or no access to health care on board their ships and most from the global south, have been quarantined at sea, adrift and neglected. The pandemic has also left sex workers exposed and adrift. Sonya Aragon’s personal account reveals how the intimate and proximate labor many sex workers provide is no longer possible during the pandemic, and how criminalization makes any hope of a safety net, unemployment insurance, or health care impossible. Capitalism has made most of us, in Aragon’s apt phrase, “whores at the end of the world.”

But here at the end of the world, in this place of no outside, something important is proved. For all the complexity, the just-in-time production, the digital age, global capitalism remains a predominantly social and political endeavor. When consumers stop consuming in public, when workers can no longer go to work or refuse to work in unsafe conditions, when we stay home and the social sphere collapses—it is made clear how it is still, and always, the fact of people acting in the world that is the decisive thing.

Gabriel Winant contends that we are watching the pandemic highlight the “cruel inequities” of capitalism, in race and income, of course, but also generationally. A twentieth-century capitalism based on amassing wealth away from the young is now breaking, perhaps irreparably. What we need, though, is one another: the old and the young, the whores and the unemployed, the sailors adrift and the prisoners struggling to contact loved ones, the neighbors looking for each other, the pangolins of the market and the birds of the gardens, the doctors and nurses on twelve-hour shifts and the postal workers and the tellers of stories.

We will go outside. The pandemic will fade, for now. The future will come, imperfect but alive. But what will be left in the sand when this tide has ebbed? We can hope it might be robust mutual aid networks, a renewed commitment to the commons, a fighting movement for Medicare for All. Even should this be true, there will also be mass unemployment, hundreds of thousands of deaths, gutted social infrastructures, global supply chains on the verge of collapse, and a devastated planet. To ask what the outside might be when we are still inside is, as Marco Roth notes, to “feed our wishes with even meager leavings.”

Let these essays bear witness. But let them also grant us leavings, however meager. Outside, after all, is still there, glinting, waiting for us to give it meaning.

Brooklyn, NY
May 13, 2020

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“Chinese Virus,” World Market

The best safeguard against the novel coronavirus is the ability to voluntarily withdraw oneself from capitalism

Andrew Liu

March 20, 2020

1. “Wuhan Virus”?

The city of Wuhan, China is rich with historical significance, but for much of the world before this year it was hardly a household name. A portmanteau of three historical cities at the mouth of the Yangzi and Han Rivers—Wuchang, Hankou, and Hanyang—Wuhan served as the site of the 1911 Xinhai Revolution, which ended the last Chinese Dynasty, and in 1937, Chiang Kai-shek’s Nationalist government temporarily made the city its national capital, as the military fled from Japanese forces along the eastern coast. In recent years, passengers boarding one of the hundreds of ferries that glide through the city center every day would have seen soaring glass and concrete skyscrapers adorned with the names of hotel chains and national banks—an intimidating skyline, but one increasingly common across Asia. Beyond this photogenic core is the familiar combination of new architectural projects, historical landmarks, residential university neighborhoods, and designated free-trade zones for industrial export processing. It is a massive and sprawling metropolis of over eleven million people, more populous than New York City, but by the high standards of contemporary China, and in the unsentimental parlance of the Chinese media, it is a solid “second-tier city.”

But these days, of course, Wuhan is at once more internationally infamous than ever and associated only with one thing: the global spread of the disease now known as Covid-19. During the first weeks of December, several individuals began to report to hospitals in the Wuhan area with severe flu-like symptoms, including fever, dry coughing, fatigue, body aches, and pneumonia-like symptoms. Only later did doctors recognize that many patients either worked at, or were connected to, the Huanan Wholesale Seafood Market in the city center. The symptoms soon worsened, paralyzing older patients and killing many. On December 30, lab results finally confirmed that the source was a novel coronavirus strain that shared traits with the 2003 SARS (severe acute respiratory syndrome) outbreak that claimed over eight hundred people worldwide and the MERS (Middle East respiratory syndrome) virus that emerged in 2012 and has killed nearly a thousand since. The virus has now ballooned into a pandemic with cases in 183 countries. As of this writing, 11,147 people have died from 265,495 cases. In China alone, 3,248 of 80,967 cases have died, almost all based in Wuhan.

For weeks, American news services referred to the disease as the “Wuhan virus.” Last month, the World Health Organization renamed the virus “Covid-19” (Coronavirus disease of 2019) with the explicit goal of minimizing the social stigma of a name that referred to a specific place—and, by extension, a specific people. Not ones to pay heed to international norms, conservative politicians in the US have continued to insist on the phrase “Wuhan virus,” or “Chinese coronavirus,” in a transparent effort to scapegoat and distract from their own catastrophic mismanagement of the worst public health crisis in recent American history. On Monday, a White House official reportedly described the virus as the “Kung Flu.” The following day Donald Trump defended using the term “Chinese virus,” explaining, “cause it comes from China. It’s not racist at all, no, not at all. It comes from China, that’s why. I want to be accurate.” Less equivocal, Arkansas senator Tom Cotton paired a tweet last week about the “Wuhan coronavirus” with a suggestion that China would have to “pay” for what it had done to America.

There is no question that such terminology is racist and xenophobic. Yet the fact that this global pandemic started in Wuhan, and not elsewhere in China, should not be simply overlooked, either. In recent decades, Wuhan has been caught up in the latest stage of globalization, in which international capital continues to extend further inland in pursuit of cheaper land and labor markets, spawning international links for goods such as steel and automobile parts, which remain hidden to the average consumer. It is a major Chinese city, yet outside the core of glittering metropolises along the nation’s coast. It

is precisely the unexceptional status of Wuhan as a second-tier Chinese city that is notable. What the global spread of the novel coronavirus from Wuhan suggests is that the culprit here is not the unique circumstances of a particular place, but rather the now-extensive commercial connections that bring ever more of these *kinds of places* closer and closer together, into a larger and larger whole. In recounting the story of the novel coronavirus, it becomes increasingly clear that its movements have thus far mimicked the pathways of the 21st-century global market.

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The specific origins of the coronavirus within Wuhan remain unclear. In February, researchers announced that the virus could be traced back to a wild pangolin sold in the Huanan market, and that it had originally been transmitted from a bat. This is currently just a working hypothesis. But if true, it would square with the theory that SARS and MERS also originated in bats and were passed on to humans by way of wild animals—civet cats and camels, respectively.

The pangolin is a small, anteater-like mammal found across Asia and Africa. Its hard scales, which make up 20 percent of its body weight, have been digested in China for centuries, with overall consumption soaring in recent decades. According to customers and vendors, pangolin scales and meat can be used as a form of medicine to cure a variety of ailments (it is said to nourish the kidneys), but primarily to invigorate men's sexual performance and bolster female beauty. The exotic nature of the pangolin—and the illegal trading that is central to its distribution—has an obvious analogy in the masked palm civet cat, a small mammal native to India and Southeast Asia served as a delicacy in the southern Chinese province of Guangdong, usually prepared with chrysanthemum petals and shreds of snake.

During the 2003 SARS outbreak, investigators in Guangzhou, Guangdong's massive provincial capital, raided restaurants and discovered bear parts, salamanders, and owls sitting in freezers in the kitchens. These dietary habits are typically described in the media as a branch of traditional Chinese medicine (TCM): practices, herbs, and medicinal cures that have been used for thousands of years in China. So is the novel coronavirus, like SARS, a tragic consequence of a national fondness for TCM? Was the consumption of pangolin a residue of unchanging, primitive Chinese custom? Could it be blamed on "local culture," as the SARS virus was blamed on the exotic and peculiar tastes so dominant in Cantonese cuisine?¹ If so, would we have to concede that the novel coronavirus is indeed a peculiarly *Chinese* disease?

Of course not. TCM, in fact, is not a particularly coherent or

uncontroversial field. For most people, the term simply refers to acupuncture, or a harmless mixture of ginseng, ginger, goji berries, and jujube in teas and hot broths. While these remedies have existed in Asia for centuries, market prices and cross-border activity have transformed modest practices and local tastes into big business. Beginning in the 1980s, market liberalization opened opportunities for illicit trade and also made many in China rich. The rich were more than willing to seek new culinary adventures by way of that trade, as conspicuous consumption became the ultimate marker of class advancement. In interviews, customers have explained that they seek out rare wildlife delicacies not for their health benefits, but because they're eager to impress important guests they're entertaining—or because they've had a good day at the stock market. The pangolin trade owes more to the Chinese economic miracle than it does to some archaic superstitious culture.

Because the Chinese pangolin has been hunted to near extinction, most these days are trafficked from Southeast Asia, at the border with Myanmar or Vietnam; in recent years there have even been reports of Chinese markets acquiring varieties from Africa. Local sales of pangolins in Southeast Asia have faded, with suppliers turning their attention to the lucrative Chinese market, a clear illustration of how flexible and market-dependent the taste in wildlife is. By one estimate, some twenty *tons* of pangolins are shipped into China each year, either alive, frozen whole, or as dried and processed scales. Some of the headline-grabbing seizures include a 14-ton haul of frozen pangolins in Indonesia, 4.4 tons of scales seized in Hong Kong, and an 11.9-ton haul in Shenzhen, just across the border from Hong Kong. For this reason, most headlines from the pangolin trade are centered on the interstices of Southeast Asia and southern China, the crucial boundary zone of the black-market trade.

It would make perfect sense, therefore, if the coronavirus had broken out in the Pearl River Delta, encompassing Guangdong and Hong Kong, as SARS did. Looking back, the Delta of the early century was the most likely candidate in China for an outbreak on a global scale. At the time, Guangdong was the province most tightly linked with world supply chains and international finance, as Cantonese families had long migrated to Hong Kong and other overseas Chinese communities. With liberalization since 1979, they revived kinship ties in pursuit of business opportunities, as Hong Kong capital introduced the world market to handbag subcontractors in Dongguan. The initial SARS outbreak emerged from a Cantonese man who brought the disease to a massive hospital in Guangzhou. From there, a Guangzhou doctor carried it to a wedding in Hong Kong, and fellow hotel guests then brought it to Hanoi, Toronto, Singapore, Taipei, and Bangkok. In

hindsight, the Guangdong/Hong Kong nexus appears as a perfect storm of wildlife consumption and global integration. (Tellingly, in the 2011 Hollywood film *Contagion*, a pandemic is traced to a Hong Kong chef who prepares a pig.)

But the novel coronavirus did not emerge from the Pearl River Delta, with all its unique geographical and cultural features. Instead it first appeared in Wuhan, five hundred miles inland from Shanghai and six hundred miles north of Hong Kong. Before 20th-century industrialization, Wuhan served as an intermediary hub between the ocean and inland China, facilitating the traffic in household goods such as rice, silk, furs, and leathers. (My own family briefly worked as petty tea merchants there in the early 1900s.) The most famous local dish is a breakfast of hot noodles in a dry peanut sauce sprinkled with scallions and sold in street stalls; if pangolin sales in Wuhan have risen in recent years, therefore, this likely reflects less the particularities of the Wuhan people than the increased fortunes of the Chinese economy as a whole.

And though Americans have long nicknamed Wuhan the Chicago of China, the comparison is inapt. Both became major industrial cities by the early 20th century, but Wuhan's international links were far more modest. Even today, the fifteen thousand foreigners who resided in Wuhan before the outbreak amounted to less than one tenth the figures for ethnic-Chinese metropolises such as Beijing, Shanghai, Guangzhou, Hong Kong, Singapore, or Taipei.

Nevertheless, even Wuhan can evidently serve as the site for a global outbreak in the year 2020. Skimming the headlines of cases provides some clues as to how the novel coronavirus initially spread. The first wave of people who carried it overseas were the middle-class friends, co-workers, and relatives of residents of Wuhan. There was the Chinese woman working in Seoul who had recently visited Wuhan; the Wuhan woman who visited Bangkok; the tourists who traveled to Vietnam; the full-time Japanese resident from China who visited a Wuhan acquaintance; the German employees of a Munich-area supplier with branches in Wuhan; the Chinese technicians and Iranian businessman traveling between China and Qom, Iran; and the Shenzhen man who went home to see his relatives.

As evacuation stories mounted, so did accounts of global linkages. A Sudanese engineering student at the Wuhan University of Technology successfully avoided the virus and left after six weeks of self-quarantine. The governments of France, Germany, and Japan evacuated their own citizens from Wuhan. Some of these were employees in the automobile sector; companies such as General Motors, Renault, and Nissan have established branches in the export processing zone. And though the source of the Iran outbreak remains

unclear, journalists speculate it resulted from the big business between the two economies (China is Iran's top trading partner), typically Iranian crude oil in exchange for Chinese weapons and capital investment into local infrastructure.

What all these stories have in common is how unremarkable they are: this is contemporary global interchange at its most prosaic. Travel to and from countless other cities across Asia and Europe for business meetings and tourism follows a very similar pattern. Whereas the SARS outbreak was blamed on the peculiar, outlandish diets of the Cantonese people and then traveled through the elite cosmopolitan links between major Asian cities, the so-called "Wuhan virus" points to the utterly mundane way that countless nodal points around the world, including "second-tier" Chinese cities, are interwoven more tightly than ever across global circuits of commerce, education, and tourism.

By comparison, during the "high socialist" era of the 1950s through the '70s, the rapid spread of a Covid-19-like virus from a fishmonger in Wuhan to hundreds of countries in a matter of weeks would have been unimaginable. In 1957, an "Asian flu" diagnosed in January first traveled in predictable fashion from southern China to Hong Kong and Singapore; it didn't fan out to the US and Europe until many months later, in the fall. Under a trade embargo by the US, the routes of commerce and travel between China and the world were far narrower, slower, and quieter. Notably, it was only during this window of relative isolation that the government officially stamped out the opium trade, before the infamous drug reentered the country with market liberalization.

But the world has changed. The many ties between Wuhan and the world today suggest a terrifying reality that should be clear to xenophobes and liberals alike. A viral outbreak in any one of these locations, it appears, could easily wind up touching the lives of hundreds of millions of others. Could the next Wuhan be Zhengzhou, Dayton, Bangalore, or Dar es-Salaam?

2. Market Virus

The spread of the novel coronavirus has a clear scientific explanation rooted in the virus's natural properties, about which researchers are furiously trying to learn more. What is known is that the virus's crown-like shape comes from outer protein spikes that bind to the throat and then spread to living lung cells, which then produce more viruses that spread to new parts of the lungs and to other organs. But of course, the real-life distribution of the virus has also been shaped by historically specific political factors. It is not just a natural disaster but a social one as well. The coronavirus first traveled through

animals sold on the Asian black market, first clung to human carriers in a seafood market, and first spread through the mundane routes of regional tourism, foreign business, and foreign education.

This coincidence between the spread of the coronavirus and the footprint of the marketplace explains why it has been so difficult to contain. As cases began to emerge in the Middle East, Oceania, Europe, and the United States, officials expressed skepticism that drastic measures were necessary to avoid an outbreak. If anything, their comments were focused on potential stock market losses rather than public health risks. It is not that they did not realize the potential health impacts, but that they understood how sickness would prevent people from spending money and going to work. This attitude was crystallized by the outlandish statements of CNBC editor Rick Santelli who said on March 5, “Maybe we’d just be better off if we gave it to everybody, and then in a month it would be over ... But the difference is [right now] we’re wreaking havoc on global and domestic economies.” Santelli was rightly pilloried by commentators across party lines, but his comments were also an honest expression of the ways governments and businesses are now being forced to weigh corporate profits against human life to a newly extreme degree.

In the United States, cases had begun to break out in Washington state and California for weeks before Americans started to take the virus seriously. One turning point was last Wednesday, when basketball player Rudy Gobert became the first professional athlete to test positive for the coronavirus, only days after he had mocked the possibility of an outbreak by wiping his hands over microphones and equipment in the locker room. Within minutes, actor Tom Hanks wrote on social media that he and his wife had also tested positive while traveling in Australia. These revelations seem to have accelerated the American response: within days, all major sports leagues were canceled, schools were closed, and a national state of emergency was declared. The most obvious—albeit imperfect—analogy is the blasé attitude so many Americans had taken towards the HIV/AIDS epidemic in the early 1980s, reversed only when actor Rock Hudson and then NBA star Magic Johnson revealed their own positive diagnoses. In the United States, diseases do not appear real when they spread among ordinary people out of the spotlight. It is only when they affect wealthy celebrities and athletes that they begin to be taken seriously.

As a result, we are now left with the absurd reality of the richest country in the world wholly ill-prepared for collective responsibility and action. In a society that has systematically dismantled its welfare state for nearly a half-century, where the supposedly “left-wing” political party regularly throws temper tantrums over the cost of

health care, and which has literally installed a real estate developer as its President, we face the remarkable situation that pandemic measures are now being shouldered almost entirely by local and private actors, that reliable testing has been secured by the Gates Foundation and the Utah Jazz but not made publicly available by the Centers for Disease Control and Prevention.

The novel coronavirus initially emerged and spread across the world through market activities, and our ability to tame it now will be decided by the degree to which we can subordinate market logics to our own survival, rather than vice versa. The endless reports of Americans unable to pay for coronavirus tests, unable to work from home, unable to limit their own exposure to public places and gatherings—health care workers, especially—are an index of the general population's varying levels of market dependence, or, what amounts to the same thing, class. Disparities that have been growing more acute and life-threatening for decades have suddenly become apocalyptic.

Just last year, a Federal Reserve study reported that nearly 40 percent of Americans would struggle to cover an emergency expense of \$400, either due to lack of savings or because their earnings were already earmarked for credit card, medical, and student loan bills. Meanwhile, reports suggest that the cost of a coronavirus test initially ranged \$1,400 to \$4,000. The coronavirus endangers the twenty-seven million people without health insurance and, in particular, the twenty-three million who live paycheck to paycheck, including those who work hourly-wage salaries in the hotel and food industries, many of whom do not get sick pay and who fall outside the relief package currently in Congress, which, under pressure from McDonald's and Walmart, exempts large and small employers and only covers ten days of work. All of these people are captive to subsistence wages that make an exit from work—and any disruption—potentially ruinous.

On the other end of the spectrum are the hoarders. The spread of the virus and its attendant horror stories has been accompanied by articles about the super-rich chartering private jets to fly overseas and to disaster bunkers in Indiana and South Dakota. Gwyneth Paltrow documented her escape to Paris via Instagram, jokingly referencing her role in *Contagion* (her character was the one who spread the virus from Hong Kong to the US). Elsewhere, billionaires have inquired with private hospitals about early vaccine treatments and exclusive testing kits—and as more athletes and entertainers reveal their test results on social media, the secret medical hotline for wealthy celebrities indeed appears intact and functioning. But there are also more common forms of indefensible excess: the many stories playing out in the news, on social media, and in group chats of suburban parents fiercely raiding

grocery stores for home supplies, emptying shelves and stockpiling weeks of food in basement freezers. In Australia, hoarding has gotten so bad that one coffee shop began to accept payments in toilet paper. In this respect, the super-rich and the middle classes have much in common. Both groups are financially secure enough and have enough accumulated wealth to possess the luxury of withdrawing from the marketplace and, by extension, its face-to-face interactions.

Thus, whereas economic need has forced service workers to remain constantly exposed to the virus, for the well-off, it is their wealth that protects them. What American pundits misunderstand when they brandish “market choice” as a weapon against social welfare, then, is that the social safety net does not extinguish human freedom but instead acts as its very condition of possibility (philosophers have called this the distinction between the realm of necessity and the realm of freedom). Indeed, the best safeguard against the novel coronavirus is the ability to voluntarily withdraw oneself from capitalism. Therein lies the problem.

3. Value Virus

The irony of the term “Wuhan” or “Chinese virus” is that the most successful and responsible government responses have been in the ethnic-Chinese-majority territories of Hong Kong (four deaths in 256 cases), Singapore (no deaths in 385 cases), and Taiwan (one in 135). Scarred by the SARS outbreak, these governments responded aggressively in January by screening arrivals from Wuhan, implementing travel restrictions (against the WHO’s recommendations), and promoting society-wide policies on school and workplace activity, stringent assessments of hospitals, and regular public announcements. The number of cases in these countries has fallen behind those of Iceland, and the newest ones have arrived from passengers traveling not from mainland China, but from Europe and the United States.

Though there is no vaccine yet for the novel coronavirus, these governments have provided the most straightforward institutional solution: large-scale testing and self-quarantining. Until a cure can be found, our best hope in the US, according to public health experts, is to “flatten the curve” and distribute cases evenly enough that our private health care system does not become overwhelmed—or as overwhelmed as in the worst-case scenarios. Nevertheless, government agencies and businesses here are refusing to implement these solutions effectively, because—as Rick Santelli made clear—they stand in direct conflict with the commercial demand to constantly produce, sell, and purchase goods.

The coronavirus has throttled international stock markets and distressed its transnational supply chains, cutting off China’s ability to

produce for the rest the world. Because mainland Chinese citizens are the world's top tourists, overseas restrictions and domestic quarantining have meant that travel has plummeted, a gut punch to Southeast Asia, Japan, and Hawai'i. In manufacturing, China has famously become the latest workshop to the world, providing everything from dried mushrooms to blue jeans to smart phones. Because Wuhan is a center for automobile parts manufacturing, weeks after the coronavirus shut down the city, overseas car plants such as the Fiat-Chrysler outpost in Serbia and Hyundai factories in Korea halted production because their Chinese suppliers had stopped producing. Apple has already announced projected losses for the year, not only because its Chinese factories have closed, but also because so much of its sales rely on Chinese consumers. About 30 percent of global container shipping is processed through Chinese ports, the busiest in the world, but thus far in 2020, over one quarter of shipments to North America have been canceled.

The slowdown of travel and construction has also tanked the world's largest commodity markets. China is the world's top importer of crude oil, shipping in the equivalent of ten million barrels daily, but as Chinese activity and then global travel slowed, oil stocks have piled higher and higher. For the first time since 2009, energy analysts project overall consumption will fall this year. In this shrinking, zero-sum game, Saudi Arabia this past week decided to accelerate the stakes of competition by announcing an upsurge of crude oil production and lower prices, shredding a 2017 agreement with Russia to limit production. Because it enjoys the cheapest production costs of all countries, Saudi Arabia gambled that it could simply elbow out competitors through rock-bottom prices. Though aimed at Russia, this gambit has caused collateral damage to medium-sized producers like Venezuela and Iran, not to mention American shale companies; when the Dow Jones opened last Monday, it fell 5 percent.

Metals markets have been similarly hurt. China is the top exporter of steel, aluminum, and key mineral inputs such as manganese alloys and silicon; when the coronavirus outbreak began, the major threat was thus severed supply chains. Instead, Chinese activity has now mostly recovered, but the metal industries are facing the bleak prospect of glutted supplies while the rest of the world's producers and consumers become paralyzed by the pandemic. Because steel and aluminum plants are too expensive and risky to stop, companies never halted production. The current surplus will already take months to resolve. Chinese inventories for aluminum have doubled since December, and steel inventories are 45 percent higher than a year ago.

Such dynamics expose a basic absurdity at the heart of our global

society. It is not a system aimed at satisfying our desires and needs, at providing humans with greater amounts of physical utility. It is instead governed by impersonal pressures to turn goods into value, to constantly make, sell, buy, and consume commodities in an endless spiral. Unlike an earthquake or famine, the coronavirus outbreak has not destroyed our capacity to make *things*; indeed, it has resulted in perhaps the greatest ever accumulation of two of the most useful substances known to humanity, oil and steel. But several weeks of quarantining have decimated their value, tanking currencies, stock market indexes, and personal savings. Instead of enriching us and relieving us of natural wants, this glut of goods is only making us poorer. Given this irrational social system of organizing wealth and value, it is no wonder that so many societies have found it impossible to contain the coronavirus by asking citizens to limit commercial activity.

Containing the spread of the coronavirus, then, is about more than practicing good hygiene. On trial is a whole global system of profiteering and its structural laws and incentives. What the pandemic has revealed is not just that companies are out to get rich—a story as old as time—but specifically our unprecedented degree of global interdependence in the year 2020. The Saudi oil rigs and the Chinese steel factories are working just fine, but with the US and Europe under quarantine, these industries, and the global economy, may just implode. The international division of labor cannot survive today unless all of its parts remain healthy.

4. Nationalism Virus?

After concealing the crisis for much of January and punishing whistleblowers, the Chinese state finally acted to combat the virus in Wuhan while projecting to the outside world an image of exemplary governance. Foreign media accepted this characterization uncritically, as one WHO official declared, “China actually is setting a new standard for outbreak response, and it’s not an exaggeration.” But Chinese citizens were far more skeptical. On February 7, 2020, a 34-year-old doctor named Li Wenliang, who had been initially punished for trying to tell friends about the new coronavirus, died suddenly. His story inspired an outpouring of anger and melancholy on Chinese social media. In early March, Vice Premier Sun Chunlan visited Wuhan for a PR opportunity but was bombarded with public chants that “It’s all fake!” in clips posted online. Social media users pointed out in early February that the daily reported case-fatality rate appeared stuck at 2.1 percent and that if you charted the numbers of cases over time on an X-Y axis, you would get a perfect circle.²

Meanwhile, American ideologues have tried to convince

themselves that the Chinese response was fatally flawed. In authoritarian China, they say, data has been unreliable, communication opaque, and the leaders rule through fear. All valid criticisms. But has the US government response been that much better? After hearing President Trump talk openly about keeping an infected cruise ship at sea in order to depress case numbers, reading about senators who traded stocks based on confidential meetings while publicly denying the virus's threat, and watching middling bureaucrats comply with White House orders out of cowardice and self-preservation, it is becoming increasingly difficult to draw a bright line between the dysfunctional autocracy and the orderly democracy.

This week, both sides have devolved into a petty contest of conspiracies. The Chinese state has now banned all US journalists, and Foreign Ministry spokesman Zhao Lijian has blamed US soldiers for planting the virus in Wuhan in October, moves intended to control the PRC's international image. In retaliation, Trump went out of his way this week to repeat the phrase "Chinese virus." But for its part, the PRC government has at least reversed its initial disastrous mismanagement and subordinated its market economy to a robust state-owned sector, hastily producing face masks, medicines, and impromptu 1,600-bed hospitals without consideration to financial losses. At this point, such measures would be a huge relief in the US.

This is not to equivocate between two radically different and profoundly imperfect societies but to suggest that the spread of the virus is now completely undermining the typical way Americans have long consumed news about China, within a simplistic framework of east versus west. It is unsurprising that racist conservative politicians and media figures obsessively talk of the "Wuhan virus." But there are many liberal-minded figures who have expressed a subtler kind of American exceptionalism, too.

The same night Rudy Gobert's positive coronavirus test was announced, ESPN cameras caught Dallas Mavericks owner and *Shark Tank* star Mark Cuban reacting in real time, snapping his upper torso backwards and yelling to others, "Did you see this!?" Later asked what he was thinking, he said: "This is crazy. This can't be true. I mean, it's not within the realm of possibility. It just seems more like out of a movie than reality." The same day Cuban made these comments, China had already logged over 80,000 total cases and in Italy alone 196 people had already died. What other signs was he looking for? Cuban's incredulity embodies a broader attitude that became increasingly apparent among Americans last week: that in spite of clear, mounting scientific evidence of an inevitable pandemic, they were not only naive but even in arrogant denial about its possibility in their own country. There are few clearer displays of American

exceptionalism than the way institutions and corporations—sports leagues, local governments, concert venues—paid lip service to consulting experts and authorities while betraying in their actions that they did not think a pandemic was inevitable or even probable.

Common to all these responses was an underlying American belief that the coronavirus was a distinctively *Chinese* problem. Virus epidemics? City closures? Those were things that happened “out there,” in the poor and non-white countries but certainly never over here. Now, such myopic east-west thinking has proven self-sabotaging, as the US government has revealed itself as extraordinarily unprepared for the outbreak and as so many American citizens have proven to be socially irresponsible to a staggering degree, attempting to price gouge for hand sanitizer and packing restaurants and bars long after the numbers have begun ascending the same steep path as Italy and Iran before them. Viruses transcend borders. They make a mockery out of powerful politicians and nationalist hubris.

It is worth underlining again how the story of the spread of the coronavirus to this point cannot be disentangled from the role of the market in our world today. It is those most intimately dependent upon the market for their daily survival who are most at risk of infection. And if you map the nodal points of travel and trade with China (Seattle, Seoul, Qom), you will discover the locales first hit by the outbreak and through which the pandemic continued to spread. For those on the frontlines and in the most precarious economic positions, the virus and the market are inseparable, almost synonymous. What the latter hasn't yet destroyed through decades of austerity, the economic impact of the former now threatens to.

By now, the numbers of new deaths and cases inside Asia are far outweighed by those outside. Can we still plausibly call this the “Wuhan virus”? It is clear that no matter its origins, it is now a global virus, and the threat of its spread will test the collective capacity of the entire world to act responsibly and distinguish between long-term goals and short-term interests. Above all, the next few weeks will act as a referendum on the irrational system of politics and profiteering that we have installed in the 21st century—a system that thus far is failing us now, at precisely the worst moment.

2

Living Inside

The virus comes to visit

Rachel Ossip

March 28, 2020

I'm just tired. Stressed, worked-up. And the cough? I've been getting a cold anyway. It isn't chest pain, it's anxiety over the state of things, some shadow of a panic attack. We drove up from the city yesterday, and it's colder in the woods, has been snowing on and off, the house is drafty, the heat is dry—*that's* why I'm sneezing, why I shivered. We go to buy groceries and I slump over the cart, letting the carriage hold my weight. But this exhaustion is existential, not physical; the runny nose must be allergies.

My head pounds, a raging ache, so I lie down, just for a nap. I wake hours later, shaking, and finally reach for the thermometer: 99.4. It's low, but undeniable. We call the department of health hotline, and a friendly voice tells me to call my primary care doctor, who tells me to ... call the department of health. Friends send texts: *Alternate Ibuprofen and Acetaminophen*, then follow up hours later in all caps—*DON'T TAKE ADVIL!!*—linking to claims from the French government, later debunked or at least softened, that Ibuprofen makes the virus worse. I get out of bed only to change shirts after the last one soaks with sweat, or to pee.

I dream that I paint my face in slick oil colors, some futurist camouflage, and still worry, pettily, about the pimples that may result. I dream that I lose my phone in a big box store but know it must be near: I hear my playlists looping over the intercom. I dream I can't remember the name of an artist whose show opens tonight, am

searching frantically through calendars in my phone to find it, then remember all the galleries are closed, the shows are canceled. I dream I am staring out a window, watching snow fall in fistful flurries, drinking glass after glass of water, achingly thirsty, sneezing up little bits of blood, only to realize I am awake. I think, melodramatically, of how much more I want to do with my life.

It's Wednesday and I've had a fever since Monday afternoon, though it's stayed low, peaking at 100.8. My girlfriend starts running a fever too, so we split into separate bedrooms and I listen anxiously for her labored coughing through the wall. I am worried and relieved in equal measure with each gravelly hack: the cough sounds gruesome, but it's good to know she's breathing. On the other side, she listens too—for my cough, for my thermometer that beeps every few hours, wishing she could see the number. I keep my eyes closed even when I'm awake and listening, to dull the sensory intake—headaches are the worst part, with pressure from both sides like my head is in some metal clamp, squeezed by an industrial compactor. My jaw is clenched, my back aches from lying in bed.

I sign up for a Teladoc service at 9:30 AM, but they're "experiencing a high call volume due to the novel coronavirus." I keep my laptop open to the video waiting room as I half-sleep half-sweat through further fever dreams. At 4 AM, I receive a phone call: *Would you like to switch to a phone appointment? Our video calls are backed up.* OK, I croak. The doctor calls back at 5:30 AM, but I miss the call by a ring in my stupor. I receive a follow-up email: "We attempted to contact you for your visit, and we're sorry we missed you. Your visit request has been canceled but we recognize the extended wait time you've experienced ... Thank you for your patience."

We are living inside the virus twice, I scrawl in a waking moment, by which I mean the virus is going on around us and we are also in its haze. In some ways, it's a relief to be removed from the sociocultural panic by force of nature. I try to take further notes, but the pen feels too heavy. I try to read, but my eyes blur. I tell myself this is OK: It is OK to slow down, OK to hold on. To sit with the silence. Time warps like a bad drug trip, further days slip by.

The night the fever breaks, I wake in the dark with a wet hairline, slide from bed, lie prone on the floor, stretch—downward dog, child's pose—and cry. The next morning I feel, not well, but so relieved I could run, dance, if only I could breathe better. I am lucky, I am young. Nausea comes in successive waves, my appetite is nonexistent. My body feels thin like it hasn't since I was teenaged: clavicle, ribs, pelvic bones announcing themselves through my skin. I wave my arms, which float, ghostly light. My mind feels shriveled, and I imagine the gray matter pickling.

I make tea: mate, which tastes like water; peppermint, which tastes like water. I smell the teabag, bite it: nothing. I bite a lemon: a twinge of sour. Peanut butter tastes like sugar, lettuce tastes vaguely bitter. Mint lip balm tingles without taste or smell. I google: *Loss of smell/taste a symptom of covid?* and the British have claimed, *Yes, it is*, in an article dated that morning. Is everything a symptom? I force down a tasteless smoothie that seems to run, unchanged, through my body in mere hours, then google *diarrhea a symptom of covid?* Yes, it is.

The virus tours my organ systems, wreaking havoc at each checkpoint. My girlfriend likewise personifies it, thinking of the virus as a sci-fi invader. She tells me she imagines it taking up temporary residence in her brain, the command center, maneuvering a joystick across her sensory receptors. But while I find the illness harrowing, she finds it tedious, yet clarifying: “Being sick is boring. All I do is sleep, drink water, sometimes juice. Lie in bed for a day, and then another one. Take a steam shower and lean against the wall so I don’t collapse. But I am not bored, as every moment has meaning. My purpose is infinitely clear: to get well.”

And, fortunately, we start to. The virus shows a gracious side, grants reprieve, and the sickness grows mundane. An occasional cough, and ongoing fatigue, but the heaviness of the fear lifts. I sleep less, the days take shape again. My girlfriend’s fever also breaks: I play canary to her miner, harbinger of the sickness but also its respite. I leave the house for the first time in a week. Five minutes down the dirt road, I pause, gasping, clutching my lungs. Is the tightness worse today than yesterday? Should I be worried? Or is the tightness precisely because I am worried, not the virus itself but its psychosomatic correlate?

I worry about my lungs, about my girlfriend, about my 76-year-old aunt down the street, about my boomer parents across the country and my immunocompromised friends in New York and my healthy friends in New York, my friends who work in the service industry who have lost their jobs and my friends who are doctors and nurses, security guards and building attendants, and can’t stop working. My girlfriend hasn’t been ill in a decade, and she remains somehow serene about the illness itself, trusting her strong, WASP-athlete’s body to perform healing with the grace and efficiency it performs everything else. We fight about the utility of worrying; she says there’s no point, that all we can do is rest and wait, be kind to ourselves. I tell her she was cocky, her bravado inappropriate given that she, too, got sick. She shrugs—everyone gets sick. We are just lucky it was mild. She laughs off the night she felt briefly paralyzed and her thoughts shifted into French, all the normal, sickness-delayed operations running in a long-neglected language.

Of course my worrying makes it worse, but it's not as if one can just turn off a venerable, inherited tradition, refined over the course of generations. My mother calls, frantic, and begs us to go to the hospital. I try to patiently explain that going to the hospital, if not absolutely necessary, would be the worst thing we could do, adding to the nurses' burden and potentially exposing other patients. I remember what a tree told me once, in a different hallucinatory dream: *There are other ways to care about people than worrying about them. You can just ask them how they are.*

I text friends and ask them how they're doing. I play virtual card games with others I haven't spoken to since college, attend a Zoom birthday party. Musician friends sing me to sleep over the phone, send videos to wake up to; Artist friends post daily paintings, send pictures of blooming magnolias. I can read for an hour at a time, then slowly more. I didn't bring enough books, or my nail clippers. With how much I've fantasized about packing up for some disaster—how strategically I've placed the box in which I'd throw my notebooks in the event of a fire or flood—I'd never imagined the scenario in which I didn't know that's what I was doing, that I would think I was just leaving for days instead of weeks. Though, of course, my notebooks are still there, and I'll go back to Brooklyn—I just don't know when. I FaceTime my roommates, ask them to water the plants.

Our bodies heal, because we are lucky, and our rhythms resume. We stop tracking symptoms and instead count the days until we can safely reenter public life. Though of course, there isn't much public life to enter. In the cloud, everyone wonders aloud: When will things go back to normal? But will they? Now, mostly recovered, my girlfriend starts to worry too: Will there be lasting symptoms? Will our sense of smell and taste return? Will we be marked? And what will New York look and feel like on the other side? I feel a surge of longing for all it has offered, for its vices and crevices, for the proximity that is its deranged pleasure, its grating hardship, and its present danger. There is so much ongoing, so much of it getting worse, that worrying about the future seems surreal.

Out here, we watch fingerling branches sprout tips of mauve and green, and rarely see another person pass. We walk the same path down the dirt road each afternoon, moving more swiftly as our strength returns. Ambient, wider worry shoulders out the concentrated concern of the past days—or, now, weeks. Has it been two weeks already? Still I catch myself pausing, blinking, staring, half-expecting to wake up, sweaty, from this dream.

3

Coronavirus and Chronopolitics

What matters now is the balance of authority in everyday life—between young and old, worker and boss

Gabriel Winant

March 23, 2020

In 2018, the Massachusetts Nurses Association (MNA) fought a long, bitter campaign for an initiative called Question 1, which would have capped the number of patients who could be under a nurse's care: up to five non-urgent stable patients at a time for one nurse; only one in critical or intensive care. The proposal would have compelled hospitals to hire thousands more registered nurses (RNs), and it polled well initially. When I canvassed for it, I found that it was remarkably easy to win over voters. Do you know any nurses? (Yes, almost without fail.) Do they seem tired? (Yes, almost without fail.) Do you want a tired nurse for yourself or your loved ones? (Of course not.)

The hospitals of Massachusetts responded to the initiative with a fierce \$25 million campaign fronted by a management entity, the "Organization of Nursing Leaders," which sounds to the casual listener like an organization of practicing nurses. ONL blanketed the state with ads warning of hospitals that would have to close under the financial burden; skyrocketing health care bills; and the overall decline of the quality of care under all the red tape. To politicize caregiving would only create a giant mess. Nurses themselves appeared to be divided. Support plummeted steeply over the course of the fall. I realized we were dead when I canvassed a woman in Cambridge who turned out to be a retired nurse and former MNA member herself. She was white

and quickly self-identified as queer; she had a Black Lives Matter sign in her neat yard, where she was gardening when I strolled up to her house. On the question, she was on the fence. The proposal, which once looked like a winner, wound up with only 30 percent of the vote in November.

Hospitals in Massachusetts and around the rest of the country and the world are now under extreme pressure. In a late February report for Johns Hopkins University's Center for Health Security, Dr. Eric Toner and Dr. Richard Waldhorn urged hospitals to dedicate specific cohorts of staff to coronavirus in order to limit the overall numbers risking exposure. "Normal staffing ratios and standard operating procedures will not be able to be maintained," they wrote. To make up the gap, the report urged the use of targeted childcare for hospital staff, the recruitment of retirees and volunteers, and the introduction of "just-in-time" education. Such proposals have recently begun to be heeded. The *New York Times* reported on March 14 that Northwell Health, which operates twenty-three hospitals around New York state, is asking retired nurses to come back to work. Mount Sinai is requiring preapproval for use of vacation time; New York-Presbyterian is telling employees to cancel all travel plans. Hospitals around the state are also seeking clarity on whether they are obliged to send home staff who may have been exposed to the coronavirus because they were not wearing proper protection. In Connecticut, Governor Ned Lamont warns that hundreds of nurses have been furloughed for fear of exposure, leading to severe staff crunches. Similar stories are everywhere. As of March 17 the CDC was urging hospital staff to compensate for missing safety equipment by substituting scarves and bandannas for masks. The severe lack of capacity is not limited to the United States. We have all heard the accounts of the collapsing Italian health system.

Yet one of the most obvious public health failures underlying the pandemic is rarely mentioned: it would be easier to manage if there were simply more hospital staff and they were better paid and more respected. But workers are expensive, and hospitals have spent the last generation trying to hold down costs. This is not just a problem in the US. At Lewisham Hospital in London, the first institution in that country to treat a Covid-19 case, cleaning workers—who are essential to preventing the spread of the disease—walked out for a day earlier this month over late pay and wages stuck at £8.21 an hour. "There's a recruitment crisis in the NHS," says union officer Helen O'Connor of the strike at Lewisham. "That's not going to be resolved unless it's made a more attractive place to work."¹ Stories of overwork and exhaustion are pouring out of China, Italy, Washington state, and seemingly every other place where the virus has taken hold. Childcare

for health care workers' children is an urgent need—sufficiently pressing in many cases for school districts to stay open longer than they should have done otherwise. Like a radioactive element injected into the veins for an x-ray of blood flow, coronavirus is making plain the crisis of care in our society.

Even more than staff, we're hearing about beds—that is, undersupply and malapportionment of hospital capital. To prevent the pandemic from becoming a waking nightmare, we need to generate fewer critical patients than there are available intensive and critical care beds. But here too, our capacity has been cannibalized. Just this past fall, Philadelphia saw its venerable 496-bed Hahnemann University Hospital closed by the investor Joel Freedman, who bought the facility and drove it into bankruptcy, planning to sell off the prime downtown carcass for redevelopment. Hahnemann accounted for 52 of the 941 critical care beds in Philadelphia County and the neighboring Bucks County, Montgomery County, Delaware County, and Chester County. Of the remaining 889 beds, 627 were already occupied as of March 14. Today, health administrators are talking about an emergency reopening of Hahnemann to clear space in other hospitals for conversion to critical care.

Hahnemann is no outlier. Thirty hospitals closed nationwide in 2019, the worst year yet. The wave of closures has been particularly intense in rural areas, where 119 hospitals shut down over the past decade. Hahnemann represents the urban side of this pattern, recognizable also in the much-protested closure of Braddock Hospital outside Pittsburgh (torn down) and St. Vincent's in Greenwich Village (sold to a developer). Whether rural and poor or urban and poor these hospitals couldn't bring in enough complicated, remunerative cases to appease their financial masters: they are doing poverty medicine, for people with poor coverage, for conditions there's no money in treating.

Today we have thousands fewer hospitals than we did a handful of decades ago, and hundreds of thousands fewer beds. In 1975, the United States had 7,156 hospitals, collectively operating nearly 1.5 million beds. By 2015, these numbers had fallen to 5,564 hospitals and 897,961 beds—even as the total US population grew from 220 million to 320 million. While the system has shrunk in absolute terms, there has been a modest increase in the capacity of intensive care facilities, roughly keeping up with population growth. In 1980, we had 68,000 ICU beds. Today, we have 96,596, approximately 10 percent of all hospital beds and the same number of ICU beds per capita—although our aging population has a larger medical footprint per person now. A significant number of these, too, are neonatal, pediatric, burn unit, and other specialized critical care beds. (Had we

kept all our hospitals and beds since 1975 and still sustained this 10 percent proportion of intensive care beds, we would today have 50,000 more.) Hospitals that became increasingly dependent on debt for capital needs over the last decades of the 20th century are now facing soaring interest payments in the same moment that they need to rapidly expand capacity.

While not as severe as the fixed capacity shortfall, the labor supply is a problem too. In 1980, when a national shortage of nurses became widely acknowledged, there were 1.3 million employed RNs and 550,000 employed LPNs (licensed practical nurses, typically holders of one-year or associate's degrees) in the United States. Today there are nearly three million employed RNs and about seven hundred thousand employed LPNs. Taken as a whole, then, the professional and paraprofessional nursing workforce has doubled in size in the last forty years. But we should not take too much encouragement from this fact, given that the population has grown by almost 50 percent in this time and also has aged steeply. We are not, in other words, awash in unused nursing talent. The average hospital case, too, has become significantly more acute, demanding greater attention from caregivers. And today more nurses work outside hospital walls, in outpatient clinics, nursing homes, private homes, and for drug and insurance companies. In 1980, 66 percent of RNs and 47 percent of LPNs worked in hospitals; today only 57 percent of RNs and 13 percent of LPNs do. The hospital nursing workforce thus has not grown nearly as much as it would appear. In a somewhat analogous pattern, the overall number of doctors has doubled since 1980 although, infamously, the medical school debt regime and the stratification of reimbursement rates have caused an increasingly outrageous maldistribution of practitioners into high-paying specialties. Should we expect to see oncologists and orthopedists deploying to the front lines?

Overall our hospital capacity does not give much reason for confidence, decreasing on many measures at the same that the health system has become increasingly disintegrated and unequal. In a process sped by Medicare reform in the 1980s, a growing proportion of care that once would have happened in the hospital has been shifted into nursing homes and home health care. Dependent on Medicaid for most funding for its 2.5 million residents, with a preponderance of for-profit operators and a growing presence of private equity ownership, the nursing home industry has long been a time bomb. There is no way to squeeze profit out of these institutions except by cutting corners, particularly on staffing and training. Negligence and abuse are inherent in the enterprise under this funding structure, and in a pandemic environment there is a high risk of any such institution—but particularly one where beds have been

financialized—becoming a lazaretto, if not a charnel house. We have all heard about the nursing home in Washington, Life Care Center of Kirkland, which has been linked to twenty-seven of the forty deaths in that state as of March 14. This is just the beginning. As of March 18, nineteen facilities in Florida had suspected or confirmed cases.

Alarming, the Trump Administration has been busy over the past few years weakening the regulation of nursing homes. Fines for violations on inspection have been falling steeply. In October, the Center for Medicare and Medicaid Services (CMS)—headed by Seema Verma, a loathsome new dissembling presence on television during the pandemic—rolled back an Obama Administration rule forbidding nursing homes from locking patients and families into arbitration agreements. Under the new rule, elders and their loved ones are limited in their ability to turn to the courts if they are victims of abuse or neglect. (It's an unsurprisingly well-supported empirical reality that privatizing dispute resolution diminishes the quality of nursing home care.) More recently, CMS has been preparing to loosen the requirement for nursing homes to employ specialists in infection prevention. Where there has been a mandate of at least one such specialist per facility, the new regulation—developed at the behest of the industry—would require only that infection specialists “spend sufficient time at the facility,” a deliberately meaningless mandate. With 380,000 residents already dying annually from infections before a lethal pandemic was on the loose, Trump's bureaucrats bear reasonable comparison here to the commandants of concentration camps, liquidating the feeble.

...

There is a great contradiction embodied in the facts that the virus is fundamentally a threat to the old; that this threat has been magnified enormously by the incompetence and malice of the ruling regime; and that the old are the primary mass political constituency of that regime. The coincidence in time of the outbreak of coronavirus in the United States and the crushing of Bernie Sanders's bid to democratize our health system and face the related crisis of climate change—a defeat inflicted through extreme generational polarization—intensifies this contradiction further. The young are trying to save the old, as well as themselves; the old are trying to kill the young, as well as themselves.

It is common to observe that we are now reaping the whirlwind of a broken health system and weakened social safety net. But let us be more precise: our health system's cruelties are unevenly distributed by wealth and by its correlate, age. In its institutional structure, the hospital system was built up in the postwar decades through and around the institution of large-scale collective bargaining in industry.

When they failed to win a national health plan in the 1940s, the great industrial unions, together with their employers and Blue Cross, invented the public-private hybrid we have now as an alternative, as Jennifer Klein's history *For All These Rights* shows. The fundamental principle of this regime, from the standpoint of the individual worker, was seniority: it produced a new working-class life-course in which the end would be better than the beginning, culminating in secure retirement—a principle made concrete by Medicare after 1965. To supply this booming market, hospital capacity rapidly grew, financed through publicly subsidized municipal bonds. But as the generation who took lifetime jobs after World War II and the Korean War retired or were laid off (never to be replaced) in the 1970s and 1980s, the politics of health care underwent a profound shift. For younger generations, the growing difficulty of landing jobs with livable wages and high-quality benefits resulted in a rapid decay in health security, as the link between employment and health care, mediated by productivity, fell apart. Meanwhile elders became entrenched incumbents in a system that was only superficially being maintained and renewed for successors—although the poor among them still may fall through the cracks into the nursing home nightmare. If it is not really accurate to describe health insurance as something that only exists now for people born between 1920 and 1960, it is still close enough to be a useful exaggeration.

This generational entrenchment—manifest in patterns of wealth ownership, life expectancy, and much more—underlies the basic pattern of political polarization we have experienced over the past two decades. As the sociologist Gøsta Esping-Andersen observed in his 1999 book *Social Foundations of Postindustrial Economies*, “A new, asymmetric ‘chrono-politics’ appears to be displacing the old political frontlines when it comes to welfare state support. Not only is the median voter ageing, but as the necessity of financial cuts mounts, the need for trade-offs mounts.” Presciently, Esping-Andersen grasped that retirees would enter any such conflict over trade-offs doubly advantaged. First, the old are far more organized than any youthful challengers. Second, the young are not interested in reducing old-age benefits but rather increasing other ones. This is why the conflict is “asymmetric.”

One manifestation of this generational imbalance of power is the immense difficulty of health care reform, since major constituencies—not just profiteering corporations, but segments of the markets they've captured, and the people who compose those segments—are materially tied to the current system. This is the underlying social basis of the attempts to fend off Medicare for All through appeals to incumbent health insurance, in particular Medicare itself. “Keep your

government hands off my Medicare” is not—contra liberal snobbery—simply ignorance and false consciousness. It is rather, as Esping-Andersen would put it, the slogan of asymmetric chronopolitics. It is important to understand that chronopolitics remains only the political and cultural modality in which class conflict in recent decades has appeared. But this does not make generational conflict superficial, any more than the mediation of class through race makes race superficial. There is a genuine divergence in life chances and social power along the lines of age.

At some point this regime was bound to give way as the social distribution of risk became increasingly divorced from the system of social protection constructed between the 1930s and 1960s. It was out of this widening gap that the young left sprang. And over the past four years, since the Sanders campaign, it seemed clear who held the keys to the future, although the process of change by no means looked smooth or inevitable.

The pandemic has truncated this transition severely. Conventional constraints of neoliberal governance are giving way at an astonishing pace. It looks likely that we will see direct federal control over some areas of the economy, particularly the health sector: state manufacturing of ventilators and masks will probably come soon, despite Trump’s foot-dragging over the Defense Production Act and his Administration’s efforts to siphon funds to private actors while displacing responsibility elsewhere. Military deployment for the construction of hospital capacity likely won’t be far behind. (Though we must brace for the emerging possibility that the administration chooses to accept millions of deaths in a vain mass sacrifice to the gods of capital.) As commenters everywhere have observed, all-out mobilization is now necessary in a desperate effort to patch the huge gaps in our social fabric revealed by the virus: to secure food, shelter, schooling, and of course care for a population in lockdown requires social coordination on an unprecedented scale.

What we now know, with absolute certainty, is that capital will not achieve these tasks. Trusting the profit motive to deliver already left us a world of homelessness, hunger, debt, imprisonment, exploitation, addiction, racism, premature death, international strife, and rising temperatures before the pandemic struck. While these worsening crises are rooted economically in the regime of capital accumulation, their political intractability—the defeats thus far of the movements to address them—depends on the asymmetric conflict between the generations. The old have formed into battalions to mount a defense of the predatory and destructive capitalism we have known. With their votes especially, but also in their practices as managers of workers and owners of property, they have forced the young into

compliance. Lacking structural power, the young have done our best to resist up to a point, then mainly fallen in line.

Now, though, the pandemic has given us—of all things—leverage. As Friedrich Engels wrote in 1872, “Capitalist rule cannot allow itself the pleasure of creating epidemic diseases among the working class with impunity; the consequences fall back on it and the angel of death rages in its ranks as ruthlessly as in the ranks of the workers.” We can transmit the disease, and this means our behavior matters and we must mobilize to contain it. As in any mass mobilization, there is a compromise to broker, and now we can see the shape of it. Dr. Deborah Birx, coordinator of the coronavirus task force, began to articulate this bargain half-heartedly at a recent press conference with the President.

Now, to our older population or those with preexisting medical conditions, everyone in the household needs to focus on protecting them. Everyone in the household.

I want to speak particularly to our largest generation now: our millennials. I have—I'm the mom of two wonderful millennial young women who are bright and hardworking, and I will tell you what I told to them: They are the core group that will stop this virus ... The millennials can help us tremendously ... Public health people, like myself, don't always come out with compelling and exciting messages that a 25- to 35-year-old may find interesting and something they will take to heart. But millennials can speak to one another about how important it is, in this moment, to protect all of the people.

Is it surprising that in attempting to make the case for the crucial role of the young, figures in authority cannot articulate a vision of a positive task for millennials, beyond compliance and repeating what they say? The cohorts under 45 have seen their future stripped away and their increasingly clear and united protests mocked, belittled, and crushed. Now these generational burdens are piling up further as joblessness, homelessness, and indebtedness take their toll most of all on them—a toll that will be all the more powerful the more care we take to meet what is our real ethical and epidemiological obligation to our elders.

Social distancing is an unquestionable necessity and act of solidarity, demanding our fullest commitment. Still, more than submission is needed now. Unemployment is spiraling rapidly, but the displaced—especially the young—can be enlisted through public spending and planning to take on the creation of emergency housing friendly to social distancing and quarantine; cleaning and sanitizing public facilities, most of all transit systems, groceries, pharmacies, and health care institutions; tending to the children of the frontline workers. Many restaurants may not survive, but with public support we could reestablish them as neighborhood-level sanitary food

production and delivery systems. It's not possible to train an RN or a doctor in eighteen months or less, but it is possible to train an LPN in that time.

Such a reorientation, however, will not succeed on the terms of employment under which millennials have spent their whole lives. But the worm has now turned. Workers are already beginning to claim power for themselves—demanding the equipment and sanitary conditions they need to stay safe, walking off the job to resist endangerment by bosses; longshoremen on the West Coast are tacitly threatening to choke off commerce. New York teachers and Philadelphia librarians forced their systems to shut down. Detroit bus drivers won free fares, a demand based in both the needs of the riders and the safety of the drivers. Amazon workers in New York shut down a warehouse when they realized management was not taking sanitation seriously. Auto workers have launched wildcat strikes to stop production completely while maintaining full wages. Verizon and McDonald's workers (at non-franchise locations) secured paid sick leave.² Nurses at Kaiser Permanente protest in the streets for adequate safety equipment—no Organization of Nurse Leaders now interrupts and distorts their message.

As the primaries, settled by the weight of the elderly vote, have wound down, commentators and political insiders have pondered how Joe Biden can win over the youth vote that has been so skeptical of him. Perhaps adding Kamala Harris—California's chief truancy officer—to the ticket would excite the young? Like Dr. Bix's call for millennial help devolving into a plaintive request for memes, the question is far too small. The path to collective survival runs through working-class empowerment, the political and cultural manifestation of which will be the increasing leadership and authority of people under 45. Much more than the selection of the Democratic vice-presidential candidate, what matters now is the balance of authority in everyday life—between young and old, worker and boss.

That in turn is only possible to renegotiate through a transformation of the state and a displacement of the prerogatives of capital. This means an end to financialized hospitals and nursing homes stripped to the bone of staff and capacity, and the rapid emergence, instead, of full-capacity integrated care systems: behind the fully-staffed and expandable ICU, the hospital with pandemic-scale emergency capacity, there must be publicly available childcare, communal food delivery, and the provision of companionship and entertainment for isolated elders. It means safe food and stable housing for all—including the homeless, who have no place in which to shelter in place. It means putting money in the pockets of the millions of new unemployed and shielding them from the predations

of landlords and bill collectors. It means freeing the prisoners, whether on the border or in the gulags operated by every city, state, and county—as well as by the federal government. It means building up international trust and cooperation, without which the global coordination necessary to fight the pandemic will be impossible. It means training for all the work that needs to be done.

The crisis of care that has left us so unprepared for this eventuality is precisely a crisis of the devaluation of labor in general, and the devaluation of feminized labor in particular—whether cleaners, daycare providers, nurses, or respiratory therapists to operate ventilators (67 percent of whom are women), the most important jobs in a pandemic. An increasing gap has opened up socially between those who are responsible for these types of labor (think of the hospitality workers in Las Vegas defiantly caucusing for Bernie Sanders) and those who own some amount of property, who have aligned themselves politically with the interests of capital. That gap has manifested itself in generational political polarization, both between the parties and within the Democratic Party. The sudden, rapid increase in risk for the elderly, however, creates the possibility for new forms of solidarity: to resolve the generational polarization in favor of a society led by the working-class and the young, to protect the old and vulnerable and secure the dignity of all.

In the depths of World War II, the British government put out a document known as the Beveridge Report, which historians have come to understand as something like the mission statement of the 20th-century welfare state. The report identified “five giants on the road to reconstruction”: Want, Disease, Ignorance, Squalor, and Idleness. It outlined a comprehensive attack on these giants through a system of “cradle to the grave” social protection. “Now,” the report declared, “when the war is abolishing landmarks of every kind, is the opportunity for using experience in a clear field. A revolutionary moment in the world’s history is a time for revolutions, not patching.”

Want, disease, ignorance, squalor, and idleness remain the giants we must slay, but the shapes they take are different than they were in 1942. The protections we inherited from that moment have degenerated partially into new obstacles, yet the beneficiaries of the legacy of Beveridge—the degraded legacy, that is, of social democracy—have refused until now to allow us to clear them away and begin again. But the old and the young need each other now: we need the solidarity they have withheld from us, they need our active participation as workers and caretakers. And now for the first time the immediate question of our survival depends upon resolving the antagonisms that have separated us and joining together against the regime of capital accumulation that has brought us to this precipice.

4

Stop Making Points

Rome coronavirus dispatch

Francesco Pacifico

March 13, 2020

Listen to me. The problem is your imagination. Stop using dystopia as your compass. Stop using metaphors. You have to live through this. We've been inside the house, inside the quarantine, for five days, and it is totally unreal even for people used to lying in bed writing. This is a proper quarantine, a real one, not just a brief dimming of everyday life. The newspapers are posting pictures of the empty Spanish Steps on their websites. They shouldn't enjoy this too much, that messes up your defenses. You need them. I know this because I am endocrinologically impaired, and I know you have to stoke your immune system all the time to stay healthy. I left a WhatsApp chat of fellow writers and intellectuals the other day because they were posting and scrolling through photos of the apocalypse like children. I couldn't stand it. No takes. No points. Stop making points.

Go back to Tolstoy, forget the dystopias you got secondhand from crappy TV, say your prayers, buy a block of pink salt shaped like a bar of soap and cleanse your energy with it. It burns. Buy limes and lemons and learn the proportions for sours: three quarters of an ounce of lemon juice, the same amount of simple syrup or any sweet liquor, two ounces of spirit. The margarita is a sour. The vodka sour is a sour. Alcohol keeps your family happy, and the citrus keeps the virus away. (This last bit is unconfirmed, but I love it.)

Let me go back to Tolstoyan basics and tell you about my father's hip replacement operation. My father decided to do the dramatic,

momentous thing of retiring in the summer he turned 70. That was last summer. This after forty years of life as an IT entrepreneur, as the man who sat quietly at dinner with his arms crossed, eating while his two children were kept from talking by his wife's electric eyes. All work and no play with the kids, for decades. We were obviously scared that retiring from the only thing he'd done consistently throughout his life—and doing it at this fateful moment—would be too much. Too much drama.

If I remember correctly, the messed-up hip all goes back to when he screwed up his knee a decade ago. It was the trickle-up effect: the jumbled knee put pressure on the hip. I may be mythmaking here, but I think the trouble began at my sister's wedding reception at his house in the country. The catering people got their car stuck in mud, and though he'd been an unathletic guy his whole life, he decided he had to help out and push the car. He fell, of course, and when he accompanied my sister to the altar he had a leg-brace over the left leg of his suit. At the time I decided this was a symptom of his overly conflicted feelings about my sister getting married. A shaman I know thinks my sister was my father's slave in another life.

Ten years later, he's retired and has been hobbling, or maybe even crippled, going on two years now. He is a resourceful man, especially in times of distress, or maybe only in times of distress, when he suddenly conjures a jovial attitude he otherwise never displays. It's mystical, almost hippyish, impossible to square with his day-to-day sternness. He's ready for the surgery: he wants to use the hip replacement as the fresh start his retired life hasn't provided. Though of course he'd say that it's a compelling life even under the constraints. He lives next door to his three quirky and handsome grandchildren—my sister's children. He is a poet at heart. He can make the most of a stroll.

When the outbreak happens, three weeks ago, our society's reckoning comes in spurts. In very slow spurts. I remember feeling panic on a train from Paris to Milan to Rome, and I remember the panic receding, but after that it hasn't ever been so linear, going up and down on a whim. Now that we're stuck at home it's flattened out—yesterday, March 11, was my most serene day. The analogies aren't right, but none of them could be. What we have in our minds are the soundtracks to Christopher fucking Nolan movies, a thousand action movie trailers blurring into a single mass, the GIF of goddamn Peggy's reaction shot from *The Handmaid's Tale* on loop forever. We think everything is ramping up, but it's not ramping up. Writing the narrative of this thing feels like each of us is writing a novel. It's not a linear process. But I can remember thinking: alright, my father is not canceling his operation, he's not afraid of the prospect of the epidemic

escalating like it has in Lombardy, or he must feel that if he doesn't do it now he'll have to wait for six months, because the hospitals will have become off-limit war zones in the meantime and his plan to be a healthy, retired senior citizen will be delayed. He must have thought—we'll never talk about this—that six more months as a crippled man in pain would do him in.

...

Three days before my father's due to be admitted to the hospital, Rome gets its first cases. The day before his admission they find a coronavirus case in his hospital. My sister and I don't budge. My father and my mother—a very anxious person, tall and devilish and candid and childish and tricky to be around when you're weak—decide to go.

I've been telling people my age that we have to let my parents' generation go. I say that since these people never relinquished their power, we feel like their tragedy is our tragedy. We're not an independent generation, I declare emphatically. My pep talk resonates well with my receptive and lonely audience of me and me alone. My anguish lifts. I think to myself that these people—these parents—are even cool. They've decided that they're willing to risk being killed in order to avoid being lame. I don't know if that pun works, but I'm asking you to be generous during this difficult time.

So they go. On the day of the surgery my mother's anxiety is world-historical. The day begins at 6:30 AM and drags on forever, though it's a comfort—sort of—that the delays are due to the surgery prep and not the virus. My parents say that everything in that fantastic, state-of-the-art hospital is safe. And you want to believe them, because their life is a fantasy. Their generation's life is our porn, so I believe them. I'm praying and letting go at the same time. In the meantime, you have to understand that my wife, a hypochondriac, is dealing with the situation by crying for everyone's safety. We get drunk at home on martinis and tiki cocktails that we have for lunch and dinner and after dinner. I have nine different rums on my shelf, and I'm experimenting with a recipe book from Smuggler's Cove, the San Francisco tiki bar.

The surgery goes well, and my mother is less antsy. My father's nagging pain has ceased and he is very happy.

The first night is fine. We're on a family WhatsApp chat and are kept updated. My father's IV drip is making him happy. Jokes and memes are exchanged. The doctors, we're informed, are switching to a blander painkiller. It's a Catholic hospital, so I assume they're against recreational anesthesia. He has very low blood pressure.

OK, so the next day is a Saturday, and my wife and I are driving to

the country with friends to breathe some good air. That night the government will decree its full-China response to the situation, and of course that's all we'll talk about. Even before that, my wife is miserable. We're all scared. We have arguments, we drink, we have acid reflux. But that morning, before the worst goes down, my mother does this thing that is so her. "Some pics of the grandkids to cheer up a heavy day. *Please*," she writes. No context and no additional information. My mother's style. My sister posts a pic of her son recklessly launching himself from the fence around the park.

I talk to my mother that afternoon. My father was in too much pain from the blander painkiller. Hence the demand for grandkid content. I know it could have been worse—and she does, too—but I assume him screaming all night must have been a serious scene.

The next day my mother writes: "There was a moment of panic when a security person stopped me to tell me they were shutting down our sector, and I had to go home. I'm staying, though, because us family members are helping out the nurses with a lot of minor things. But we are stuck in our room. I was able to sneak into mass. The hospital is a desert."

Hours later: "This soap opera of them trying to kick me out is still going on. We're waiting to see if I can stay until tomorrow, or if a guard is going to escort me out right now. Dad told them that if they kick me out, he's going, too. The nurses are helpless."

Twenty minutes later. "The head nurse has agreed that I'm staying but they'll have to bury me alive." Buried alive, like the architects of pyramids trapped forever inside the walls. "They'll decide on Dad's dismissal tomorrow."

As it turns out, even in the midst of dystopia you can still want to kill your mother, like in a comedy. I've been spending my days making cocktails for my wife. We wrote to the cleaning lady and the yoga teacher and told them we'd keep paying despite the shutdown. It's a strange time when you want to give people money.

On Monday I get a call from my father, who's much friendlier on the phone than my mother. He asks if I can pick up the walker he's renting from this pharmacy ten kilometers away from my place, because he's coming home. (Home is eight kilometers away.) The thing is, Monday is the first day of real awareness in Rome. My wife is bleak when I tell her I have to go do this. I feel heroic and skinny, if that makes sense. I feel like a sexy 20-year-old hero. I put on a tracksuit, sneakers, sunglasses and a fleece collar on my mouth and nose. I'm ahead of the curve of on the panic, but I think people will understand. I drive down the on-ramp to the eastern freeway and put on some Joyce Carol Oates online classes I've downloaded onto my tablet. She's soothing as hell, and her commitment to explaining

Virginia Woolf's diary is making me cry.

I get off the freeway and end up on a tame little road in a very residential part of town. This must be the neighborhood's main street. A lot of double-parked cars, not many people around. I get cash at an ATM and enjoy the experience of giving five times what I usually give to a young African man standing on the corner and an old Eastern European guy sitting on the curb. I'm a young, skinny cowboy doing apocalyptic errands for my father. There are three people in line outside the store where they're waiting for me and my 100 euros and my ID. Everyone is keeping their distance, but I'm the only one there not looking for facemasks. When it's my turn I ask the store owner about availability and turn to inform the people behind me. I'm never about being good, and this heroic day of errands is making me want to be good. I take the green walker to my car. I buy a Danish at a bar. I wait thirty minutes before eating it, hoping that the virus it's obviously infected with will die out in that time.

I have a new book out, and I'm proud of it. It's an essay about how *Mrs. Dalloway* can offer men today a new kind of sentimental education, how she can free us from our bad habits. I have a book out but I don't care.

I drive to my parents' house, where I wait for them to arrive in a black car. When they get there, I argue with my mother as I help my father slowly get acquainted with the walker. He moves slowly, but he's not in pain. People on the street say hi and are clearly puzzled by this new development—so now the virus is also crippling people? In the deserted street his slow, assisted walk can't help but look ominous.

I bicker with my mother about whether my father should start using the walker immediately, or stick to his crutches for this short walk to the elevator.

"Stop bitching," she says. "I'm the boss."

"Fair enough," I say. "And then when it's June, we'll shake hands, and I'm never going to see you again."

We go upstairs and briefly check on my father. He's so relieved, I can tell. I start saying that I'm afraid my wife could fall apart, she's so scared. Her father has been hanging out with his best friend, whose daughter works in Milan and just came back to their hometown, which is near Rome.

"What can we do to help?" my mother asks.

"Nothing, I say. "I just needed to vent my fears, or I'll develop something psychosomatic, please just listen."

5

Release Them All

New York State prisons and Covid-19

Sarah Resnick

May 8, 2020

On March 7, a week after the first case of Covid-19 is confirmed in New York State, Andrew Cuomo says: “I have officially done a declaration of emergency.” It is early evening when I catch up with the news. I am in a car, in the passenger seat. Michael is driving. We are returning home after visiting our friend, F, out on Long Island. Nine days earlier, F had come home from prison. He was 22 when he went in; now he is 61. Most of what he accumulated in those thirty-eight years he left behind, but some things he found too precious to part with. A stack of family photographs. Several pairs of sneakers. A few dozen bars of soap, which, he later tells me, are a form of currency inside. He’d deposited these things in Michael’s trunk the day he was released, for safekeeping, until he could find a more stable living situation. Now we are approaching the car. “I want my soap,” F says. We are somewhat amused, Michael and I, when he emerges with seven or eight bars in his hands. He is living in a shelter, sharing a room, a bathroom, has one single drawer for his personal belongings. “I like my soap,” he says. “If I don’t take it, I’ll just have to buy more. Now why would I want to do that?”

...

Andrew Cuomo says on March 9 that Corcraft has contracted with New York State to begin producing hand sanitizer. “It has a very nice floral bouquet,” he says. “I detect lilac. Hydrangea. Tulips.” Corcraft is

a state-owned company operated by the Department of Corrections and Community Supervision (DOCCS), which runs New York's prisons. I do not hear Andrew Cuomo say this. I do not hear him say that around 2,100 people incarcerated by the state work for Corcraft. Or that they make, on average, 65 cents an hour. Or that they themselves are unable to use hand sanitizer because in prison it is contraband. "We are problem solvers," Cuomo says. We, as in, "the state of New York, Empire State, progressive capital of the nation."

...

On March 11, I read the list of demands published by advocacy organizations in New York, including the Parole Preparation Project, where for the past two years I have been a volunteer. Parole Prep, a project of the National Lawyers Guild, advocates for currently and formerly incarcerated people serving long-term or life sentences, and provides them with direct support. As a volunteer I am matched with incarcerated people and work with them, usually for a period of six to eight months, but sometimes longer, as they assemble their applications for parole release and prepare to be interviewed by the parole board.

"Releasing New Yorkers from prison is the only way to save lives in the wake of COVID-19," the organizations write in their press release, citing the recommendations of medical experts across the country.

...

On March 12 I am forwarded a report, published toward the end of 2019, documenting the inadequacies of health care and material conditions inside New York State prisons. Of the nearly 850 people interviewed, 74 percent reported being unable to see a doctor or provider when needed to. "They don't have working sinks or working toilets, they have vermin in their cells, crumbling infrastructure," the report's author has recently said in an interview.

Later that day, Andrew Cuomo speaks of the measures he will take to prevent spread of the virus. "This is about science," he says. "This is about data and let the science and let the data make the decisions." "Reduce the density," he says. "No gathering with 500 people or more."

...

"We are also prioritizing vulnerable populations." Andrew Cuomo says on March 13. "Senior citizens, people with compromised immune systems, and people with underlying illnesses, especially respiratory illnesses." I know that between 2007 and 2016, as New York's overall

prison population fell by 17 percent—the result, in part, of advocacy around overhauling drug laws and reducing penalties for crimes deemed nonviolent—the number of prisoners age 50 or older rose by 46 percent. Today the state incarcerates more than ten thousand people over the age of 50. Most of these people are black or Latinx. Many of them are serving long sentences, have been in prison for twenty, thirty, forty years, due to draconian sentencing laws or because of unjust parole practices.

“Several groups across the state are doing last-minute fundraisers for commissary funds for people in prison,” reads an email I receive. “The hope is that with extra money people inside can buy soap, canned goods or whatever else they need to survive if the prisons are locked down.”

People who are incarcerated are not permitted to hold paper money or coins. The funds they earn at work or receive from the outside world are held in what the state calls an “offender account.” They can send this money home or they can use it to buy things from the prison commissary. Things that we consider basic medical necessities—antihistamine, fungal cream, eye drops—are only available to incarcerated people through the commissary, and while they may appear inexpensive, they can cost an incarcerated person several days’ wages. The 65 cents an hour they earn goes right back to the prison. In 2016, one nonpartisan nonprofit group estimated that prison and jail commissary sales amount to \$1.6 billion per year nationwide, a number they now believe could be even higher.

...

On March 14, I read that a woman in New York City has died from Covid-19. She is presumed the first in the state.

I read that DOCCS has suspended visitation at correctional facilities statewide. No-contact legal visits are still permitted.

In an interview, a physician and epidemiologist who oversees a nonprofit that works to improve health care in jails and prisons says that “all of the new terms of art that everybody has learned in the last two weeks, like ‘social distancing’ and ‘self-quarantine’ and ‘flattening the curve’ of the epidemic—all of these things are impossible in jails and prisons, or are made worse by the way jails and prisons are operated. Everything about incarceration is going to make that curve go more steeply up.”

This is why advocacy organizations are demanding that incarcerated people be released. Reducing the number of people in prison—reducing, in effect, the density—is not only for the good of the people who are incarcerated. We may think of prisons as being isolated from the broader community but they’re not: correctional

officers and other staff go home at the end of the day to their families and come back the next.

I read an email that says, “JPay, the system we use to put money into people’s commissary accounts, has a transaction limit of \$300 per every three days. We’ve hit the limit on all the accounts we’ve created. We need help getting money onto people’s books ASAP!” I add six people to my JPay account and send them each \$50. I am reimbursed \$335.94 because every transaction of \$50 or more incurs a fee of \$5.99. Transactions under \$50 also incur fees; these range from \$1.99 to \$3.99 depending on the amount of money sent. When three days elapse, I will do it again. I will do it again three days after that.

...

On March 15, I read that another three people in New York have died from Covid-19. “We’re fighting the virus, we’re fighting fear,” Andrew Cuomo says. “The fear is winning, and the fear is disconnected from the facts. Fear is an emotion. Emotion can often be disconnected from facts, and that’s what’s happening here.”

Because I have sent money to people through JPay, they can now contact me directly. I begin to hear from people who, because they are incarcerated, have little access to facts about the virus or its symptoms, or who in the facility has contracted it or how widely it has spread, or what the facility has planned in order to prevent the most vulnerable from getting sick.

Some send letters to my home, through the postal service. Others write through JPay’s email service. Each email up to 4,999 characters requires one “stamp.” Each attachment requires one stamp. Each thirty-second “video gram” requires four stamps. Ten stamps cost \$3. One hundred stamps cost \$23.

Because visitations have been suspended, DOCCS promises that everyone will receive at least one free phone call, two free emails, and five free stamps per week, though this has yet to be implemented.

...

Just want you to know that they have suspended all activities involving civilians, I read in an email from an incarcerated person. It is March 16. This means shutting down some areas of the gym and school and college courses (with the exception of computer assignments). The guards are doing double shifts.

I am paraphrasing because JPay and DOCCS monitor email correspondence using key word searches and other surveillance technologies. The extent of the monitoring capabilities is not known, but I am proceeding under the assumption that anything I quote

directly can be searched and traced to the writer. When I am relaying information about conditions inside, based on what either incarcerated people or advocates have reported, I will continue to paraphrase. I will also continue to withhold the name of the facility where a person is housed or about which I am relaying what I have heard or read.

Andrew Cuomo says, “There will be no more gatherings of 50 plus people.” He says, “We’re doing everything we can to flatten the curve.”

...

On March 17, an advocate writes, *Parole officers have stopped visiting the prospective addresses of those who have been granted release.* Before an incarcerated person can return to the community on parole, DOCCS must verify and approve the person’s living arrangements. Until their housing is approved, a person can be held indefinitely. If home visits are no longer taking place, it means that people who are meant to go free will not go free.

Heard from a friend that someone was placed in isolation with fever, I read from an advocate. *Heard that a CO tested positive,* I read from another. *Heard that people are saying someone recently transferred has it and is isolated in the infirmary,* I read from yet another.

They won’t tell me anything medical or if anyone has tested positive, an advocate says, after phoning a facility directly. *They told me to call the public relations office or DOCCS.* This is the status quo: there are rumors but no one to confirm them as true or deny them as false.

...

Just heard from someone who is older and has multiple underlying health conditions, I read on March 18. *There are no protocols in place for particularly vulnerable people. Everyone is still eating in mess hall but they have been given bleach products to clean dorms.*

“There’s an older Italian expression,” Andrew Cuomo says. “A rich person is a person who has their health. Everything else you can figure out.”

...

“Words matter,” Andrew Cuomo says. “Quarantine. Lockdown. These words are scary words.”

On March 19 an advocate reports, *Just heard from someone inside that they are enforcing “one empty seat” between people in the mess hall. They are allowing limited numbers of people at a time to go to commissary (which is delaying access to commissary obviously). Recent packages have*

all arrived.

...

During his March 20 briefing Andrew Cuomo says, “We’re going to put out an executive order today: New York State on PAUSE. Policies that Assure Uniform Safety for Everyone. Uniform Safety for Everyone. Why? Because what I do will affect you and what you do will affect me. Talk about community and interconnection and interdependence. This is the very realistic embodiment of that. We need everyone to be safe, otherwise, no one can be safe.”

“At this point, can inmates use hand sanitizer?” a reporter asks later on. “Sure,” Cuomo says.

...

A JPay email arrives from an incarcerated person on March 21. *I’m sorry that you have to be deprived out there. In here we laugh cuz now maybe people feel, even just a lil’, what it’s like to be locked down :-)* I do want things for you to get better though. Please keep taking good care of yourself and stay strong mentally in these trying times.

“Practice humanity,” I hear Andrew Cuomo say. “We don’t talk about practicing humanity, but now if ever there is a time to practice humanity the time is now. The time is now to show some kindness, to show some compassion to people, show some gentility—even as a New Yorker. Yes, we can be tough. Yes, this is a dense environment. It can be a difficult environment. It can also be the most supportive, courageous community that you have ever seen.”

...

On March 22, Andrew Cuomo says of New York State: “Total number of cases, 15,000. Total number of new cases, 4,800 new cases ... 114 deaths in New York, total number of deaths: 374 in the country. And that is a sobering, sad, and really distressing fact that should give everyone pause because that’s what this is all about is saving lives.”

Heard that some guys up in the hospital are quarantined, I read in an email from an incarcerated person. *Heard that some of the officers are out too. We are being told these officers are out on “vacation.” Also, why are they still transferring prisoners to other prisons? You’d think they would keep everyone in place to avoid spreading the infection out across the state, right?*

Harvey Weinstein, who only a few days earlier was transferred from Rikers Island to Wende Correctional Facility, in Erie County, is one of two people at the prison to test positive for Covid-19. In the article about Weinstein, Michael Powers, president of the New York

State Correctional Officers and Police Benevolent Association (NYSCOPBA), acknowledged that the union had urged state corrections officials to immediately suspend transfers of inmates from one state facility to another and from local jails to state prisons. “There is no better breeding ground for this virus than a closed environment such as a correctional facility,” he says.

...

At any point, Andrew Cuomo can release people from unsafe conditions in prison. He can release all vulnerable people—people who are over 50 years old, people with HIV/AIDS, people with chronic illnesses, people with comorbid medical conditions, pregnant people, and trans people—using executive clemency, reducing a person’s sentence to match the amount of time they have already been in prison, leading to their immediate release.

He can grant immediate parole release to all vulnerable people who have reached their minimum sentence and/or are currently eligible for parole.

He can immediately release all people in prison who have been granted parole but have yet to be released to community supervision.

He doesn’t have to appeal to state agencies or overcome bureaucratic hurdles.

He can release them all.

6

“It Takes More Than a Virus to Make Us Nervous”

Covid-19 on Lesbos

Teresa Thornhill

April 23, 2020

“If the virus comes to Moria, in just one day, everyone will have it!” Sitting in the doorway of her tent, Rima, a young Syrian mum, seemed relatively calm about the prospect when we spoke via a WhatsApp video call on Easter Saturday. Seated beside her, Rima’s husband held their smiley, two-month-old daughter.

“Are you worried?”

She smiled with an air of indulgence. “After what we’ve been through in Syria in the last few years, it takes more than a virus to make us nervous.” Then she sighed. “When my daughter was born, straightaway she developed a cough. She had to stay in the hospital in Mytilene for ten days. That worried us, for sure. In fact we’re still worried about her cough.”

Privately, I winced. How would a baby with a chronic cough cope with Covid-19? But Rima didn’t seem to make the connection.

Moria camp is a former military facility on the Aegean island of Lesbos with capacity for 2,800 residents; but at present it houses over 20,000 asylum-seeking refugees from Afghanistan, Africa, Syria, Iraq, and other countries, in conditions of appalling squalor. Typically, a family of five or six people lives in a space of three square meters. Approximately 1,300 share each water station. Forty percent of the residents are under eighteen, some unaccompanied. Like Rima, more than half live in rough tents and shelters in the “Olive Grove,” a

hillside outside the camp's walls, awash with mud and rubbish.

I asked whether Moria's residents were following social distancing advice.

"We can't! We have to queue for food for three or four hours to get each meal, and you should see how close people stand to each other! And we know we should try to wash our hands, but it's ten minutes' walk to the nearest tap, and then you have to queue for an hour to use it."

"Do you have soap?"

"I do now, because an NGO gave me some." She smiled. "But last week we had none, and no money to buy it."

There's a supermarket just five minutes' walk from the camp, but the United Nations High Commissioner for Refugees has stopped distributing the ninety euros per month to which, in "normal" times, Moria residents are entitled. Without this cash allowance, most are unable to purchase soap, diapers, and other hygiene products. The stopping of the payments is connected to the decision made by the Greek authorities to ban refugees from travelling the three miles into Mytilene, the island's capital, where normally they would withdraw the cash from ATMs. Since Greece's lockdown began, refugees are only permitted to go as far as the local supermarket. Rima tells me that she queued outside for six hours yesterday, but failed to reach the front of the queue before closing time. Greek banks have been invited to install an ATM in Moria, but none has opted to do so.

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To the way of thinking of many refugees, of more immediate concern than the threat posed by the virus is the extraordinarily long wait they face for their asylum applications to be processed. Rima and her husband arrived in Lesbos at the end of 2019; they've been given a date in 2022 for their asylum interview. The delays have been compounded by the closure of the Greek Asylum Service, following a government fiat on March 1 that no new asylum applications would be registered for one month and that new arrivals would be deported.

The background to this high-handed and illegal policy is as follows. In late February, President Erdogan of Turkey announced that his coastguard and border guards would no longer impede the movement of refugees from western Turkey into Europe, abrogating an agreement that had held since 2016. Infuriated, the new center-right Greek government used fears of coronavirus to justify setting border controls to "maximum deterrent" level. They sent police, army, and the Greek National Guard into the region abutting Greece's land border with Turkey to fire teargas and, allegedly, rubber bullets at refugees attempting to cross. Some later alleged to Human Rights

Watch that they were assaulted, robbed, and stripped of their clothing by uniformed Greek personnel and beaten back into Turkey.

At the same time, the Greek government swiftly had the eastern Aegean islands surrounded with naval and coastguard vessels, to intercept refugees travelling on small boats. Four hundred and fifty such refugees, including many women and children, were captured and subsequently held on a ship in Mytilene harbor. During the day they were held in a pen on the dockside; at night they were returned to the hull of the ship where they slept crowded together, sharing just three toilets for the first few days. On March 1, Greece's National Security Council announced the "temporary suspension, for one month ... of the lodging of asylum claims by all people entering the country illegally" and their "immediate deportation without registration, where possible, to their countries of origin or transit."¹ While Greece has the right to control its own borders, the EU's Charter of Fundamental Rights and the Universal Declaration of Human Rights guarantee the right to seek asylum. Greece has no legal right to block people who wish to make asylum claims from doing so, even for one month; and no right to deport them before their claims have been considered.

In early March, Lesbos, the largest of the Aegean islands, already had a refugee population of 27,000 and its once-sympathetic Greek population had long since tired of the stream of new arrivals. When the number of new arrivals began to increase, just as the first cases of coronavirus came to light in mainland Greece, some of the locals reacted with violence.² Their anger was exploited by Nazi-sympathizing activists who travelled to the island from Germany and Austria, and by members of the Greek fascist party, Golden Dawn, who came from Athens. Refugees, doctors, journalists, and volunteers were attacked, and many refugee-supporting NGOs were forced to close their operations. Médecins sans Frontières (MSF) felt obliged to suspend its clinic outside Moria for two days. A school for refugee children run by volunteers was burned to the ground. The crew of a human rights observation ship, the *Mare Liberum*, were attacked by a mob in Mytilene harbor.

Compared to the vacillations of the UK government, the Greek government was impressively swift in its nationwide response to the coronavirus, closing schools and universities and banning big public events in early March. On March 23, a full lockdown was imposed, under which everyone leaving their home was required to carry ID and a formal paper indicating the reason for their sortie, or risk an instant fine of 150 euros. On April 5, the lockdown was extended by three weeks, to April 27; but it's unlikely to end then. Over the especially high-risk weekend of April 17–20, when Greek Orthodox families

celebrated Easter, the fine for breach of the lockdown was doubled to 300 euros.

For the refugees in Moria, although the lockdown put an end to the racist attacks, it has taken some time for most to grasp the new, equally serious threat they face from Covid-19. Initially, some thought talk of the virus a joke, or even a conspiracy dreamt up by Europeans living in luxury and freedom. A Syrian friend of mine who, on my advice, wore gloves to go shopping in late March, was laughed at by her friends. But news moves fast by social media and many of Moria's refugees now live in fear of falling sick, for if the virus finds its way into the camp, they will face their fate alone. Mytilene has just one small hospital, with a total of six intensive care beds; and it's not clear that Covid-positive refugees who become ill will be taken there for treatment.

Although there are no known cases of the virus in Moria at present, there can be no doubt as to the extreme vulnerability to the disease of many of its residents. At the end of the long, wet, island winter, respiratory infections are widespread, ranging from the common cold and cough to bronchitis and pneumonia. Children, pregnant women, and the elderly live in wet tents with inadequate clothing and damp bedding. Diarrhea, scabies, and head lice are the norm. Poor nutrition and the impossibility of getting adequate rest weaken people; and to those factors must be added the impact of despair and depression, particularly severe amongst children. In the words of a German MSF doctor who has worked in the camp recently:

We're dealing with a crisis, especially a mental health crisis, that we've rarely seen before anywhere in the world. Children are committing self-harm, young children are talking about suicide. They stop eating, stop speaking. We can treat them for the moment at the hospital, but then they always have to go back to where they came from, and that makes them sick. That problem was there before the corona threat.

For some weeks, in view of the crisis, MSF and other NGOs have been calling on the Greek government to evacuate Moria and other camps on the islands and Greek mainland. Progress has been very slow, but on April 16 approximately 1,000 refugees were transferred from Moria to Athens, which will have reduced the camp population to 19,000. Meanwhile, although Greece has notably less cases of Covid-19 than many wealthier European countries including the UK, the numbers are steadily increasing. On April 22, Greece had 2,401 confirmed cases, with 121 deaths. Only five cases have been reported thus far in Lesbos, with a single death; the first case, in early March, was a female supermarket worker from Plomari, who is thought to have contracted the disease during a group tour of Israel and Egypt. On the mainland, the picture is bleaker, with outbreaks in two refugee camps.

In Ritsona camp, to the north east of Athens, twenty residents tested positive on April 2, resulting in the camp being quarantined. In Malakasa, also north east of Athens, a single case of the virus has led to the camp being placed in “full sanitary isolation.”

In the five years since the so-called “refugee crisis” began in earnest, Europe’s claim to be a bastion of respect for human rights has become untenable. Many European states which, back in 2015, agreed to take in tens of thousands of refugees under the “Relocation” scheme failed to deliver, leaving Greece, Italy, and Spain to bear much more than their share of the burden. Today, with UK and European leaders struggling to deal with the national crises unleashed by coronavirus, there is no attempt to devise a Europe-wide strategy to protect refugees. Europe seems prepared to countenance the prospect of thousands dying of the virus in conditions of indescribable squalor.

Every couple of days, I talk by WhatsApp with my friend who wears gloves to go shopping. She already has her refugee status in Greece and lives in a house in Mytilene that she keeps spotlessly clean. For her, the main worry is less her own health but that of her parents, living as internally displaced persons in Idlib, Syria. There, a population of two million lives in ruined towns and villages where the medical facilities have been destroyed, caught between the forces of Assad pressing on them from the south and east and Turkey from the north. At present a ceasefire allows the spring birdsong to be heard and the virus remains at bay. She holds her breath.

Living as a Virus in Modi's India

In less than a week, “the virus” became the
“Muslim virus”

Shigraff Zahbi

May 13, 2020

On Thursday, March 19, the Indian Prime Minister Narendra Modi delivered his first national address amidst the Covid-19 pandemic, in which, elegantly eschewing any talk of the government's mitigation strategy, he asked the people of the country to applaud healthcare workers from their balconies for five minutes on the following Sunday. As expected, his supporters—who are mostly rich, middle-class, and upper-caste voters, privileged enough to have a balcony in a country where two-thirds of the population lives in poverty—diligently followed his advice and chanted “go corona go” to the accompaniment of drums and utensils with an enthusiasm far exceeding the given time limit. At the appointed hour that day, as my social media feed flooded with videos of people ringing bells, blowing conch shells, and banging pots and pans, the Muslim ghetto where I live plunged into a deep and defiant silence.

Only last year in December, Modi's far-right Bharatiya Janata Party (BJP) government had successfully dismantled the Indian Constitution to give a “legal” makeover to its Hindu nationalist agenda of rendering millions of Muslims stateless. The lethal and discriminatory Citizenship Amendment Act (CAA), together with its associated proposal of a National Register of Citizens (NRC), had triggered widespread protests across the country, the epicenter of which was a region of the capital city of New Delhi loosely referred to as Jamia

Nagar after the nearby public university, Jamia Millia Islamia—home to me and more than a million other Muslims.

Earlier this year in January, when the university had reopened nearly a month after the violent police crackdown on protesting students, I had managed to sneak into the library on the pretext of borrowing a book that I pretended I needed urgently. In reality, I had only been prompted by a desperate desire to see my beloved corner of the campus again, which had remained inaccessible to students even after the recommencement of academic activities and examinations. Shrouded in green scaffolding netting, the exterior of the building looked like a hospital ward in a war zone, which seemed more apt than hyperbolic when I went inside, as what met my eyes were blood-stained staircases, scattered books, broken glass and upturned tables. Overnight, the library had transformed into an evidence box of the terror unleashed by hundreds of vengeful policemen, who, under the supervision of Modi's home minister, had thrown tear gas canisters inside closed spaces, opened live fire at unarmed students, and had beaten them mercilessly, partially blinding one and grievously injuring many. It was from this wreckage that I had randomly picked up a copy of Stendahl's *The Red and the Black*, the classic French novel of thwarted ambition and class mobility, hoping to return it soon. But life was about to turn into a long series of interruptions, and the book stayed with me, mostly unread.

During the latter half of March, when the novel coronavirus was forcing the world indoors and when Modi was dramatically asking Indians to observe a one-day people's curfew, the residents of Jamia Nagar were looking at the unfolding of events with doubt and apprehension. The sit-in protests led by the women of Shaheen Bagh, another neighborhood in the ghetto, against the contentious laws and the December 15 police attack on the students of Jamia Millia Islamia, had inspired similar protests in other parts of the country that were undeterred despite intimidation by Hindu supremacist terrorists. When even vilification by ministers and paid news media failed to hold back the protesters, a local politician with the ruling party—which had just lost an election in Delhi—helped foment a pogrom in the northeastern areas of the capital city in which fifty-three people—two-thirds of them Muslims—were killed. When mobs chanting “Hail Lord Ram” were assaulting Muslims on the streets and vandalizing their homes and businesses, Modi—who ironically calls himself “India's watchman”—was serving the visiting United States President, Donald Trump, a much-touted “beef-free” meal. The results expected from the massacre were visible, but not complete—although their numbers had reduced considerably since the pogrom, women still showed up on the streets with posters demanding the abrogation of

CAA and NRC. But then, in less than a month's time, Covid-19 cases began to surge in the subcontinent, and the protesters had to contend with demonstrating symbolically by leaving their slippers at the protest site.

"When diseases come, worms thrive," my middle-aged neighbor had said a day before the imposition of a nationwide lockdown, when the residents of our building were out on their balconies buying water, since Jamia Nagar—like many other localities in Delhi—does not have potable drinking water. She was hinting that the government would exploit the event of the pandemic to uproot the anti-CAA protests in their totality, a fear and mistrust echoed by the entire Muslim community in their silence during the five-minute pot-banging session. The government, for its part, did not leave any stone unturned to make her sarcastic prophecy come true. On March 24, security personnel demolished the protest site at Shaheen Bagh and scrupulously removed tents, posters, and every other mark of dissent, while also arresting nine people. Amidst a raging healthcare disaster and a migrant crisis which it had tragically failed to handle, the government also found it extremely important to spend time removing murals depicting such figures as Bhagat Singh, Malcolm X, Mirza Ghalib, and Bertolt Brecht. Since then, despite serious concerns being raised over the condition of the overcrowded prisons in the country, the Indian police have gone on a political witch-hunt, arresting students, activists, and journalists on charges ranging from flimsy to totally ridiculous.

But these apparent and relatively accountable strategies present only a partial picture of the kind of warfare that is being waged against Muslims in India. Anybody who lives in a ghetto in the city like me knows how difficult it is to procure a ride to these areas. Taxi-drivers, who often call Jamia Nagar "mini-Pakistan," accelerate when they hear someone say its name. People from posh localities in Delhi grimace at the mere mention of what they call "bad-gentry neighborhoods." Even high-ranking schools discriminate against students on the basis of their addresses. This brand of Islamophobia, which treats Muslims as the members of a treacherous, dirty, and dangerous community, penetrated deeper into the social fabric of the country after the anti-CAA stir, the credit of which goes in equal parts to the politicians with the ruling party who demonized Muslims as "traitors" worthy of being "shot" and the national media who ran episodes on Modi's sleep schedule side by side with panel discussions on how Muslims were trying to seize power in the country. For them, the pandemic became only another opportunity which could be exploited—in the words of the prominent novelist and essayist Arundhati Roy—to ghettoize and stigmatize the Muslims further.

The conspiracy theories blaming Muslims for the spread of the coronavirus began floating when several people who had attended a large gathering of Tablighi Jamaat, a Muslim missionary movement, in New Delhi, tested positive for the virus. Soon, the Indian government created a separate column of Tablighi Jamaat-related cases in its daily briefings. One newspaper—often hailed for its “respectability”—published a cartoon of the coronavirus personified, dressed in a Muslim outfit. The #CoronaJihad hashtag went viral on social media platforms like Twitter. In less than a week, “the virus” became the “Muslim virus.”

In her groundbreaking work on the rise of the Nazi and Soviet regimes, *The Origins of Totalitarianism*, Hannah Arendt wrote how antisemitic canards about a Jewish world conspiracy served the “most efficient function of Nazi propaganda.” Today, in a country which is steadily growing authoritarian in character, the presence of a similar pattern is ominous and worrying. Even before the rise of Hindu nationalists as a dominant political force in India, Muslims were accused of practicing “love-jihad”—a supposed conspiracy among Muslim men to woo Hindu girls and forcibly convert them to Islam. The coming to power of the BJP in 2014 only exacerbated the attack on Muslims, which has worsened since, to the point where Muslims have moved from being labeled as seducers, manipulators and tyrants to, now, the subhuman epithets of pests, termites, and viruses.

The constant dehumanization of Muslims has paid the peddlers of Hindutva ideology very well. In a country where Muslims are scared to utter the word “beef” aloud on the street, and where cow vigilante violence has become as common as the rising of the sun, this new wave of religious hatred has rendered the use of pretexts like cow-slaughter for the persecution of Muslims unnecessary and obsolete: a beard, a veil, a skull-cap and a name have become the identifying characteristics of a virus, which, by the mere virtue of its abundant and harmful nature, *must be* and *should be* gotten rid of. Muslim men and women are being assaulted by violent mobs wielding rods and sticks; in some areas, calls to boycott Muslim businesses are delivered through loudspeakers, while in others, barricades are erected to keep the “traitors” away. Doctors are foregoing their professional oaths by refusing to admit Muslim patients. And all this when millions of migrant workers are battling hunger and destitution on their long and arduous walk home from the cities where there is no longer any employment.

I remember that a few months back, a professor had remarked, while lecturing us on D.H. Lawrence’s *Sons and Lovers*, that it was “high time” the Muslims got rid of their “ghetto mentality.” Even a cursory glance at the situation of Muslims in India since the rise of

militant Hindu militant nationalism reveals the inherent fallacy of such a sweeping assumption: it not only overlooks the obvious fact that a community huddles together in cramped, fly-infested spaces only when its members feel threatened, marginalized, and discriminated against, but also fails to note a critical truth: Ghettoization begins not within the ghettoized community, but outside it, in spaces where the rich, the powerful, and the dominant hold sway, and from where they dictate, with a fabricated self-righteousness, the destruction of what they fear.

Technofascism in India

An ostensible public health tool is being used to create ghettos of the sick

Debjeni Bhattacharyya and Banu Subramaniam

May 7, 2020

Covid-19 arrived winged, following the circuits of global capital, gnawing through the sinews that bound together the movement of people, financial instruments, and goods. Job losses have mounted, industrial food-supply chains in the United States and United Kingdom are on the verge of a breakdown, and India's invisibilized migrant laborers have begun their long march home. Crisis, chaos, and terror are fodder for authoritarian governance. While some nations like Japan, Ethiopia, Spain, Hungary, and Botswana declared a "state of emergency" granting governments extra powers to combat Covid-19, other nations had easy recourse to a market-based technofundamentalist approach, unleashing the immense powers of corporate surveillance apps to manage the pandemic.

How has this emergency worked in India, where constitutional rights stand hollowed out? India, unlike other states, did not need to declare a state of emergency since emergency powers have gradually been incorporated into governance itself. Authoritarian tendencies were always simmering within Indian politics, culminating in the declaration of a twenty-one-month emergency in 1976. However, since the election of the Hindu nationalist Narendra Modi in 2014 and the rise to power of his Bharatiya Janata Party (BJP), we have seen an undeclared emergency: Increased concentration of power within the central government has slowly dismantled a more federalist system.

Let's begin with occupied Kashmir, where militarization of quarantine measures has intensified. Kashmiris are no stranger to lockdowns—ironically they had just emerged from the world's longest lockdown in a democracy, just weeks before the pandemic broke out. The earlier restrictions, including an internet blackout, had already crippled the public health system in Kashmir. The internet trickles into the hospitals of Srinagar at a speed of 2G, making it impossible for doctors there to access up-to-date information and attend government-mandated web trainings and briefings about the virus. Low speeds and lack of broadband internet also inhibit much of the population from accessing the government's health portal. And that is just one of the many problems the viral emergency has brought to one of the most militarized spaces in the world. Since April, the Indian government has arrested journalists, student activists, intellectuals, and teachers throughout the country under the draconian anti-terrorism Unlawful Activities (Prevention) Act (UAPA), with the toll especially high among Kashmiris and those fighting for Kashmiri rights elsewhere. On May 3, 2020, the entire valley of Kashmir was declared a high risk “red zone.” The few journalists still able to smuggle news out were reporting incidences of Indian military and paramilitary retaliation against villages and gun violence against Kashmiri demonstrators.

Kashmir shows the brutal face of Indian authoritarianism, but there's a banal technofascist side, too, stitched together by market liberalism, a willing citizenry, and India's digital economy. Government after government has stressed that public cooperation is critical for a successful approach to counter the pandemic. Modi has sought public cooperation in many forms, ranging from compliance with extreme lockdown measures despite the cost in mass hunger, to clapping hands and pots, to celebratory light festivals. Modi does not want to let a good crisis go to waste, especially when he can use this moment to crush dissent and arrest writers while consolidating his program to promote Islamophobia, Hindu science, and a technofascist utopia. Early in the pandemic in late January, the government's Ministry of AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy) issued advisories about dubious prevention measures and prophylactics to the virus, such as cow urine, ginger, and turmeric. Slick infographics began coursing through India's social media landscape of WhatsApp, TikTok, Instagram, and Facebook, as followers of the Modi cult championed the wonders of Ayurveda and cowpathy, mixing alternative healing practices with quackery.

The government has issued a new phone app, Aarogya Setu (“Bridge to Health” in the BJP's increasingly modish Sanskrit), which helps track Covid-19 cases and warns you if you are around others who have tested positive. This surveillance app works by mapping and

modeling users' patterns of life and work via structural recognition algorithms that compute users' past habits (where we've been, who we have been in contact with, how many times) and then model predictions of our possible future movements. Nearly one hundred million people have already downloaded Aarogya Setu, despite the multiple privacy rights that users click away to the government. Privacy focused groups like the Internet Freedom Foundation have raised an alarm over the program's lack of compliance with global privacy standards. Details about the use of the data, where and how long it will be stored, and which government departments will have access to it all remain murky. Indeed, in many states, lists of Covid patients were put into the public domain. In Karnataka government authorities are now requiring people take hourly selfies and geotag them through another app called Quarantine Watch. Those who had initially not downloaded an app have either received notifications from their employers ordering them to do so, or in some cases, have been denied medication if they could not show apps on their phone. On May 1, 2020, the Ministry of Home Affairs made Aarogya Setu mandatory.

NITI Ayog, the policy think tank of the Indian government responsible for the app's development, is also using drones to monitor people's movements and deliver disinfectant to crowded grocery markets. One cannot forget, however, that India's digital landscape is overlaid on an existing caste matrix and an ecology of sectarian hatred. In practice this means that poorer neighborhoods and slums are now heavily surveilled and "high-risk," subjected to thermal mapping and monitoring. NITI Ayog is using Aarogya Setu and its vast security surveillance apparatus to erect geofencing, a technique that segregates populations based on categories of risk and alerts a government agency if a "risky" person jumps quarantine by, for example, crossing from one neighborhood to another. To enforce geofencing, the state has divided areas into red and orange zones of containment, with red the most heavily restricted and surveilled and green the zones where some freedom of movement is allowed. The red zones are geofenced and under aerial surveillance, and movement is only allowed for medical emergencies. It may soon be a legal offense to share your phone with others. Not coincidentally, many of the red zones are in Muslim and Dalit neighborhoods. These are also areas that are least likely to also receive necessary preventative and curative medical attention. An ostensible public health tool is now being used to create ghettos of the sick.

Medical geographies are also caste geographies in India. Scholars such as Aniket Jaaware, Sanal Mohan, and Shailaja Paik have outlined what they term both the promiscuity and modernity of caste practices

of touching and distancing—practices that have outlived the legal outlawing of untouchability in contemporary India. Thus contactless human interaction, although currently medically and scientifically ordained, will also consolidate caste prejudice in India. In a nation where physical and social distancing comes only too naturally for the large majority of upper castes, one can only shudder at the political reinforcement geofencing allows in demarcating infected (read polluted) geographies. In historian Gopal Guru's searing critique, untouchability is nothing but the upper castes' fears of a "walking danger" that needs to be "quarantined."

Blaming minorities for the spread of epidemics is not new to India. The annual Islamic missionary gathering of the Tablighi-Jamat held in Delhi in March was deemed a vector for coronavirus transmission and generated a string of Islamophobic narratives. These authoritarian tendencies fueling sectarianism are reminiscent of the imperial British policies around the Hajj pilgrimage, which considered the Hajj as a site of "twin infection" during the 1865 plague outbreak, which spread eastwards from Hijaz to British India and westwards to the Ottoman Empire. Muslims in India were also ostracized during the HIV/AIDS outbreaks in the 1980s, with little evidence that they had greater infection rates. Now drones are being deployed to monitor the Nizammudin area of east Delhi where the Tablighi-Jamat met. This surveillance legitimized media propaganda and the fake news industry, who went to work under the hashtag #CoronaJihad. The leader of Tablighi-Jamat has now been charged with manslaughter.

Such expansive technological invasions into our private lives should cause alarm for India's minorities and those protesting or despairing over India's descent into fascism. The unleashing of a robust security apparatus to monitor the pandemic has been referred to by the Israeli dissident architect and scholar of surveillance technologies, Eyal Weizman, as the creation of "our collective and personal risk landscape." This innocuous-sounding phrase is another way of talking about predictive restriction of movement, whereby you may not be allowed to move once you have been deemed a risk. We could also call it predictive policing, incarceration, and removal from the body politic, and the technologies were in fact developed with just these purposes in mind. The pattern analysis algorithms and human response data employed by Aarogya Setu and geofencing techniques were technologies initially developed by the CIA and the IDF along the Afghanistan-Pakistan borders and in Gaza and the West Bank. Will India's civil society be able to ensure that these expanded public health powers are kept "fenced" in their proper areas of use? The judiciary in India, especially the Supreme Court, has shown little inclination to challenge the expanded powers of the central

government, following the declaration of the lockdown. So far, only one state court has shown courage. Kerala's High Court recently ruled that the government could not outsource storage of its contact tracing data to an American firm, Sprinklr, until sufficient safeguards were in place to anonymize the data collected. The court also forbade Sprinklr from sharing data for any purpose except those related to its public health contract.

In the meantime, Aarogya Setu and the drone monitoring system will give the Modi regime enough information to play with in order to further their fascist social policies, as the movements, intimacies, and circulation of Muslims are now available for constant scrutiny. As Covid courses through India, it is increasingly clear who will pay the price for the epidemic. In the last week of April, an elected member of the ruling BJP in Uttar Pradesh asked everyone to boycott Muslim vegetable sellers. Neighborhood vigilantism, the bedrock of Hindu nationalism, which has gradually expanded since the demolition of the Babri Masjid in 1992 and strengthened itself since through pogroms in Gujarat, Muzaffarnagar, and Delhi, can now be done "from above," with reconnaissance outsourced to tech companies in the name of public health. Technofascism in India operates through surveillance, through detention, and by cutting vulnerable minorities off from access to economic opportunities and—as we have seen in Kashmir, through withholding essential rights, such as accessing health benefits through the government's online health portal. In a country that has already begun preparing a national citizen's registry based on religion—the controversial Citizenship Amendment Act—and has denationalized 1.9 million people in the northeastern state of Assam since 2014 and is now building additional detention centers there to hold them, the measures taken to stop the spread of a biological virus will only help spread the virus of Hindu Fascism—if we let them.

Architecture Against Trump

On Michael Sorkin, 1948–2020

Mark Krotov

March 30, 2020

Are Covid-19 obituaries all we're going to be writing and publishing for the next few months? To my shame I've never seen a Terrence McNally play, have never listened to Manu Dibango or Aurlus Mabele, don't think I've ever read Maurice Berger. Which means that Michael Sorkin, who died on Thursday, is, for me, the pandemic's first celebrity victim, to the extent that an architecture critic can be a celebrity. He was 71.

I would like to avoid imagining Sorkin's final moments in—I presume—a chaotic, overcrowded New York hospital, but in a Covid-19 obituary there is no peaceful end to conjure, no comforting, mitigating cliché. This is not a moment to take peaceful stock of a life lived to the fullest.

Sorkin died needlessly, at the hands of a monstrous President he diagnosed better than most back in the summer of 2016, when too many of us dismissed analogy as overstatement. Sorkin began writing for the *Village Voice* in the late '70s, his office was up the street from Trump SoHo, and his beat was architecture, money, power, fascism. Of course he understood. And yet: "it isn't the architecture that makes the man dangerous." Better, always better, to avoid the metaphor and state things plainly:

An ironic staple of current cocktail chatter: Was it like this in Berlin in 1932? *That fool will never become chancellor. The bombast, the racism, the mustache—impossible.* Of course, the comparison goes too far, doesn't it? Demonizing

Muslims is very different from demonizing Jews. And the plan is to keep them out, not throw them out, right? It's the 11 million Mexicans we actually want to deport, and they're all criminals. And we're going to build great things: walls as wide as a country and as long as the autobahn. That sound we hear is the glass ceiling shattering, not Kristallnacht.

Isn't it?

That was how that column ended.

Hours after the election, American Institute of Architects CEO Robert Ivy released a statement of support for the Trump Administration that at the time was grotesque but now, during the end of the beginning of the pandemic, simply reads as corny satire: "During the campaign, President-elect Trump called for committing at least \$500 billion to infrastructure spending over five years. We stand ready to work with him and with the incoming 115th Congress to ensure that investments in schools, hospitals and other public infrastructure continue to be a major priority."

Sorkin's response, which you can and should read (it's on [Dropbox](#)), was called "Architecture Against Trump." I'll again quote from the end:

We must carry on the struggle for a just and sustainable environment with redoubled strength, opposing the reactionary policies that so gravely threaten our most fundamental values. Trump's agenda—and that of his allies—will only accelerate the privatization and erosion of our public realm in both its social and physical forms and practices. We call upon the AIA to stand up for something beyond a place at the table where Trump's cannibal feast will be served! Let us not be complicit in building Trump's wall but band together to take it down!

The wall is going up, or some of it, and Trump took Sorkin down instead.

...

Here's how Sorkin begins his introduction to *Variations on a Theme Park*, a 1992 collection of essays he edited about "The New American City at the End of Public Space," as the subtitle has it, and an urban studies education in three hundred pages. *Variations* introduced me to Mike Davis, Sharon Zukin, Neil Smith, Edward Soja, Christine Boyer, and Sorkin himself. I'll quote at length because if nothing else, now is an occasion for rereading, and for some of us there is time to reread:

With the precise prescience of a true Master of the Universe, Walter Wriston recently declared that "the 800 telephone number and the piece of plastic have made time and space obsolete." Wriston ought to know. As former CEO of the suggestively named Citicorp, he's a true Baron Haussmann for the electronic age, plowing the boulevards of capital through the pliant matrix of the global economy.

The comparison isn't meant to be flip: Wriston's remark begs fundamental questions about urbanity. Computers, credit cards, phones, faxes, and other instruments of artificial adjacency are rapidly eviscerating historic politics of propinquity, the very cement of the city. Indeed, recent years have seen the emergence of a wholly new kind of city, a city without a place attached to it.

The ageographical city is particularly advanced in the United States. It's visible in clumps of skyscrapers rising from well-wired fields next to the Interstate; in huge shopping malls, anchored by their national-chain department stores, and surrounded by swarms of cars; in hermetically sealed atrium hotels cloned from coast to coast; in uniform "historic" gentrifications and festive markets; in the disaggregated sprawl of endless new suburbs without cities; and in the antenna bristle of a hundred million rooftops from Secaucus to Simi Valley, in the clouds of satellite dishes pointed at the asynchronous blip, all sucking Arsenio and the A-Team out of the ether.

To reiterate: this extraordinary, panoptic, visionary prose—the near-equal of DeLillo's opening to the first proper chapter of *Underworld* ("I was driving a Lexus through a rustling wind. This is a car assembled in a work area that's completely free of human presence."), but published five years earlier than the Bronx sage's end-of-history masterpiece—opens a quasi-academic anthology I encountered in an urban studies class. It wasn't mainstream, though it should have been, and it simply didn't have to be this good. But it was, as was all of Sorkin. Whether he was writing prophetically, or critically, or theoretically, or goofing off ("Last week I had a Gwyneth moment. Before I knew what I was doing, I turned in my tracks to gawk, trapped"), precise prescience was his M.O.

I encountered *Variations* during the second second Bush era, by which time the American city had ended and had been—according to a degree of hype that in retrospect was *itself* probably the major urban trend of the 2000s—"reborn." Gentrification was by that time so advanced as to no longer need the "historic" to sell itself, and the ultimate instrument of "artificial adjacency"—the internet—had conquered all. According to the boosters, the local was allegedly in revival. In other words, in 2006, I read these paragraphs the way I'd read *Underworld*—as a lush and gorgeous echo and encapsulation of the postmodern 1990s, cut off from my own time by September 11, the dark and gloomy churn of the war on terror, the murderous cynicism of the Iraq War.

A decade and a half later, it is clear that I misread Sorkin, consigning his analysis, naively, to semi-recent urban history. In retrospect it is obvious that what Sorkin was describing was not a blip ("the asynchronous blip"), but a phenomenon that has only intensified. For all the alleged urban renaissances of the past decade, the exurbs are more fortified than ever, capital is wholly entrenched (more so three days after the President signed a Coronavirus relief bill that funnels trillions to the people who already have it), and the

texture and specificity of urban life are ever closer to extinction. That was true before the Trump Administration's homicidal response to the pandemic, which is likely to bring about the near-total collapse of independent business, the further commodification of public space, the climactic destruction of the pre-Amazon, pre-Sweetgreen, pre-Uber city, and above all the immiseration and exile of anyone but the super-rich. Now it is more true, and Sorkin is more right. And it's too late. "The only two things that are certain in art criticism," he wrote in a withering essay about another Nazi sympathizer, Philip Johnson, "are death and taxonomy." If only we could trade the former for more of the latter.

...

I first saw Sorkin in real life in the spring of 2009. I was living on Convent Avenue and 142nd Street, a couple blocks up from City College, where he was teaching. Convent is sleepy and undertrafficked, concealed by two big avenues to the east and west. Despite its modest length (just over a mile), it is one of the most interesting streets in New York. Between 142nd and 144th is a postcard-stunning stretch of mansions that transplants Brooklyn Heights's self-satisfaction to Upper Manhattan's end-of-the-earth topography. At the northwest corner of 149th and Convent is Costa Machlouzarides's Church of the Crucifixion, an urban takeoff on Le Corbusier's pastoral Notre Dame du Haut and one of the city's few truly shocking buildings. The City College blocks of Convent—130th(ish) to 140th—switch gears from neo-gothic arches to cut-rate brutalism to surface parking with the total indiscriminateness of an anything-goes Sun Belt metropolis, rather than the densest city in America.

Sorkin was introducing Paul Auster (that year's Lewis Mumford Lecturer) inside City College's enormous and mostly empty Great Hall. Auster's inane not-quite-lecture (I think he read fragments from his own work that had to do with ... cities?) wasn't worthy of Sorkin's penetrating introduction, but that didn't matter because I wasn't there to see Auster. Sorkin was younger and lighter on his feet than I thought he would be, and funnier than I assumed Marxists typically were. It was a winning mode: rigorous but approachable, digressive but never at risk of losing the thread.

Later that year the UK publisher Reaktion released *Twenty Minutes in Manhattan*, in which Sorkin sustained that mode across 272 pages. The book follows Sorkin's walk from his Greenwich Village apartment to his studio and anchors a lifetime's worth of assessments and criticisms and visions in the material life of the city. The chapter titles—"The Stairs," "The Stoop," "Canal Street," and so on—make clear

what Sorkin is up to. The goal is to close-read and theorize simultaneously, to move back and forth between description and urban history and proposal. That the book is a self-conscious rewriting of *The Death and Life of Great American Cities* is obvious. That it is superior to Jacobs's classic is not posthumous overestimation, or sentimentalism. Jacobs does not (I think) make anyone want to write like Jacobs, whereas Sorkin's grounded psychogeography is totally seductive. (The paragraph that begins this section is my attempt at homage.) Here, for the sake of pure pleasure, is a passage from the real thing (page 21) that I encountered via random number generator:

Not every block is created equal, and although the time constraint can be treated as a constant, fluctuations in density are enormous. The city has blocks that are filled by high-rise apartments and others that are essentially suburban, thousands of dwelling units versus tens. If an individual dwelling is understood as the center of a walking radius, each neighborhood resident will find a greater or lesser degree of her quotidian circle in adjacent neighborhoods, suggesting that the idea of neighborhood itself must be treated elastically.

Any book that could accommodate this, and a loving description of the laundromat across the street, and a microhistory of Fourierism, and a discussion of why Subaru named its SUV the Tribeca ("Tribeca" falls on the ear like any of a dozen computer-generated neologisms that now denominate the Asiatic sedan: What is the meaning of Elantra, Camry, Acura, or Murano?) was guaranteed a fanatical readership, albeit—and here I have to be honest with myself—a limited one. As a young book editor I was more conscious of the former fact than the latter one. Armed with fervor and a father complex, I persuaded my superiors to let me reissue *Twenty Minutes in Manhattan* in the US. At the very least, a book inseparable from New York deserved to be published there.

In the course of book production Sorkin and I exchanged a few friendly emails, none of which I have any longer, and at one point my colleague and I went to his studio on Varick Street. (It is absurd to have gotten this far without mentioning Sorkin's visionary architectural practice, or Terreform, his urban research nonprofit, or Urban Research, Terreform's book imprint. I omit these because above all I knew Sorkin as a writer; I wish I could be more comprehensive.) He was as appealing in person as he was on the page, but I have no signal memory to share, no revealing correspondence to point to. All I have is the writing.

Twenty Minutes in Manhattan may not be Sorkin's best book (that's probably *Exquisite Corpse*, his first essay collection for Verso), but it is the one that will endure the longest. Not—to be clear—because of any of my or my colleagues' promotional efforts, but because as the disappearing city it depicts continues to disappear, it will become an

increasingly valuable as a work of urban anthropology, maybe even archaeology. I'd forgotten that Sorkin ends *Twenty Minutes* with a discussion of Trump SoHo, which is located three blocks south of his studio. Writing long before the fraud lawsuit and the money laundering lawsuit and the obscuring name change (it's now called The Dominick), Sorkin nonetheless anticipates everything. One more long quote:

Like the nation as a whole, New York lacks an adequate industrial policy, and the Trump SoHo—like its eponymous neighborhood next door—represents the transformation of an “obsolete” industrial neighborhood into something more congenial to the current market. This transformation reproduces, at the scale of the city, something that is going on globally, a kind of spatial segregation—or zoning—of continental reach: New York's industrial neighborhoods are now in China or Mexico ...

The motto emblazoning the construction marquee surrounding the new Trump project is succinct: “Possess Your Own SoHo.” In the vulgarity of their sumptuary obsessions, Trump and his hotel are fine symbols of an urbanism of pure extraction that has little interest beyond the bottom line. The city becomes the territory of mere acquisitiveness, of the sort of civic disengagement suggested by the lifestyles of those who can afford to own multimillion-dollar apartments they will occupy for only a month at a stretch. For them, possession displaces participation their own bottom line.

That Sorkin was an optimist—or at least always wrote like one—only makes the multidimensional accuracy of all this more tragic. Sorkin knew what many architects and critics seem to refuse to grasp: analysis at the level of the building is only as accurate as one's understanding of infrastructures and systems. A building is a metonym. So is its builder.

“An urbanism of pure extraction”: this is what the Trump Administration has sought to instrumentalize. It has been clear from the very beginning of the crisis that no matter how the US government chose to intervene, the Covid-19 epidemic would further entrench American inequality and likely leave its most powerful and greediest citizens better off than before. The question was only whether Donald Trump would choose the most sociopathic way forward, or something more reasonable. Was that even a question? Anyway, of course he has. Within a couple of days, the “China virus” might well become the “New York virus,” the city's size and centrality turned against itself for culture-war gain. More people will die, cruelly and avoidably. Michael Sorkin was one of the people, and he was one of those people.

There Is No Outside

Health workers can respond to this crisis by taking up working-class struggles as our own

Karim Sariahmed

April 8, 2020

I work at a New York safety-net health system that serves poor folks who are mostly Black and brown. The primary-care clinic where I am a resident closed two weeks ago: like most major hospital systems throughout the US, the hospital has put a stop to all non-acute care, aside from telemedicine. Most of the primary-care doctors and other subspecialists who'd normally see patients for routine checkups have been drafted onto the frontlines, into the emergency rooms and hospital corridors of what professionals call "the inpatient setting."

Until recently I was at home as a back-up, waiting to fill in when other residents got too sick to work. While I waited, numerous friends checked in on me—some of them even sent me masks in the mail. A number of those masks, like the ones solicited by my brother and gathered from his friends, are real N95 respirators. They'll do some good for me and my fellow emergency room workers as our system continues to fail us and our patients. My sister made cloth masks, and those I hope never to need.

There is little certainty about how things will look inside the emergency room by mid-April, when mortality is projected to peak—much less in a month's time. My hospital recently started giving out new N95s every day, but by no means is that the norm: nurses at Harlem Hospital recently protested a policy requiring them to use a single mask for five twelve-hour shifts. Without sweeping federal,

state, and local protections, any level of sustained protection is tenuous and subject to the whims of administrators and a corrupt and broken supply chain. Never mind that there is simply much we don't know, like how the seasonal variation seen in other coronaviruses will play out in this case. This moment of crisis is also a moment of extreme uncertainty.

The stereotype about those of us in internal medicine is that we are overly scrupulous. It's not unfounded. The time to think about a single patient and reflect on their condition always feels like a luxury for me, but it's an important luxury all the same. Which is to say that the emergency room is not a place where I'm very comfortable. I'd been assigned to be in the emergency department (the ED) at this time since the beginning of the year and showed up last Monday at 7 AM after taking twenty-four hours to recover from weekend night coverage at a different hospital in the same system. The ER is chaotic on a normal day. The last time I entered, a few months ago, it was near capacity, with all of the "chair beds" full of the less urgently sick people, many of them chatting on the phone while waiting to be seen. Those kinds of patients are now being seen in a tent outside. The folks in the actual ER don't all need supplemental oxygen, but all of them look miserable. I noted "lethargy" in the documentation for every single patient I saw during my first night shift last week.

The emergency room is a smog of coronavirus—and how could it not be? A person on a bed deprived of even the modesty of a curtain can't be expected to keep a mask on for the eight or twelve hours they may be waiting there, before anyone comes to examine them. Those who end up waiting longer, as so many do, may get upgraded to a spot near the wall, which helps create the illusion of being in a room. One wall, after all, is one more than zero. This is how poor folks experience our health care system.

On my second day in the ED, I saw a nursing assistant gently scold an older patient for having his mask under his chin. She fixed it for him, but less than an hour later I heard his terrible cough disturbing his half-sleep. His sheets were askew, and his mask was off. Intubation—the process of putting a tube in a person's airway for attachment to a breathing machine—generates small particles that may stay airborne for a few hours before settling onto surfaces. People get intubated in the ED and in other hospital wards multiple times per day, hence the increased demand for—and shortage of—N95 masks. The mask protects from airborne infection if it's been fitted perfectly, and if the mask is not contaminated. If you are waiting in line to perform chest compressions on someone being intubated, like I was recently, it's hard to imagine being clean afterwards. You could take a shower and find yourself an entirely new outfit, or wear some kind of hazmat suit.

It is self-evident that none of these is anything close to an option for most health workers right now.

I'm writing this from home, because a few days into my work at the ED I developed upper respiratory symptoms. This wasn't a surprise. Despite modest improvements in PPE availability over the past couple weeks, it's likely that I've contracted the virus, as have so many other health workers. Though I spent my days in the ED swabbing others for the virus and will soon resume this work, I couldn't get tested there myself. For that I had to travel forty minutes on the subway to another site, putting myself and other commuters at risk. But even that seems better than the ever-worsening status quo: a shortage of viral media containers is putting a stop to worker testing. In any case, broad testing with epidemiology to guide quarantine is no longer an available public-health intervention at this point, though we still need broad testing and the roll-out of a serology test (blood tests to look for immunity, rather than the nasal test to look for the virus) to guide us in the coming months. The test itself has significantly reduced clinical usefulness right now. It's obvious to anyone in any hospital in New York that all of us are just walking through the smog. There is no outside.

It would be foolish to claim that I don't feel dread about what is happening—about what I've seen and what I'll be a part of again in a few days' time. We all feel that dread. Like everyone else, I have friends and family I'm concerned about. My partner is a health worker like myself. He's also an immigrant without family nearby. A few weeks ago we introduced each other to our siblings over email, just in case.

Still, despite the ever-growing number of nurses, residents, and other young health workers succumbing to this virus, I am not inclined to lean into dread. I'm trying to focus on the meaning of this terrible moment, and the chain of dysfunctions that has already caused so many so much harm. The shortages, the inefficiencies, the discomforts—all of these aren't mere inconveniences to be dealt with, or temporary problems to be overcome. Our health system is broken. It has been broken for a long time and has been deteriorating steadily, somehow under the radar, even as it put increasing strain and burdens on the many lives it didn't simply ruin outright. You don't have to spend any time inside an emergency room to understand the single most consequential fact about our health system: it is built on a foundation of denying care. This is how the poor have experienced our health care system, and now that experience is—rightly but belatedly—attracting international attention. The pandemic is a moment for health workers to reflect on our own work and our own position in that same system. We must think about our sick and dying patients

and appreciate how the nature of our work ties our struggles to those of the poor and the dispossessed.

We are losing colleagues just as we continue to lose the uninsured and the homeless. Health workers were already stretched thin, yet we shoulder most of the burden of the relief effort. Before the pandemic began, the New York nurses' union and a coalition of community organizations were fighting a hospital closure in the Bronx, and some of the other residents and I had just started trying to think about ways to support their campaign. But the onset of the crisis has shifted everyone's priorities. Where we saw the acceleration of hospital closures as a central front of the war on poor people, under the new dispensation no threat is greater than the pandemic itself. Joel Freedman, the owner of the empty building that used to be Philadelphia's Hahnemann University Hospital, refused to reopen it in response to this crisis. Freedman is evil, but the pandemic shows us that even this extreme form of depravity is just a step or two removed from how things work. It is just one way that the ruling class expropriates the rest of society.

My understanding of my place in this oppressive system has been shaped by my work with Put People First! PA, a human-rights organization made up of working-class people building power to win universal health care. I began working with PPF-PA before starting medical school in Pennsylvania, and since I moved to New York my comrades and I have tried to bring the spirit and the strategy of the Poor People's Campaign to health workers. I'm just one of many health workers who have been a part of the organization for many years, and the clarity of this moment has brought us all closer together. Working-class leaders throughout Pennsylvania connected by PPF-PA and other PPC organizations in the state share bonds of deep trust and commitment across lines of division. We regularly do collective work on teams including neighbors and people throughout the state, something often neglected by advocacy organizations with more paid staff, and this why we thrive even when limited to digital tactics. Soon after the crisis began to take shape, the members of PPF-PA wrote a list of demands.¹ We want the reopening of closed hospitals, delivery of food to people in quarantine, handwashing stations for homeless residents, and much more. All this organizing work—over the past few years and especially over the past few weeks—has prepared my comrades and me for this situation. We understand this moment because it is the awful but logical consequence of an unsustainable and inequitable system.

In moments of crisis, we find each other and catch others who are falling. The pandemic has strengthened those of us who already believed the status quo was untenable and that our basic needs must

be enshrined as human rights. Advocacy organizations who were fighting for crumbs may have a harder time responding to this moment, but organizations of those who could barely survive under “normal” circumstances are growing and flourishing. Groups like the National Union of the Homeless are a model and an inspiration in these times. If the current moratoriums on eviction in New York City and elsewhere are not prolonged and the number of people who are homeless increases further, as Rev. Dr. Liz Theoharis predicts, homeless mothers will be teaching more and more people about the reclamation of abandoned homes and other righteous survival tactics.²

In my very particular context, it hasn’t always been easy to channel the spirit of the Poor People’s Campaign to organizing health workers—partly because good organizing takes more time and experience than I have had, and partly—crucially—because medicine usually ignores, reassures, and manages the language of the oppressed into silence. Gliding past people’s individual needs and their desperation is the mandate of a profit-driven health system. The direness of this situation will bring patients and health workers together almost by default, but the other thing that can unite working-class people is clarity about our shared conditions.

Health workers aren’t just working even longer hours and putting ourselves in danger. We are also at the heart of enormous grassroots campaigns to gather the PPE that our system failed to provide. All this, and hundreds of thousands of people may still die as result of our poor preparation. The fight for fair working conditions, safe staffing, and dignity for health workers has never been more clearly tied to the fight for all of our basic needs and, by extension, the fight for a more just and habitable planet. Now is a time for health workers to recommit to the real heroes—the people and the organizations leading these movements—not to cling even more tightly to a narrow conception of what we think is winnable.

If cloth masks like the kind my sister made me get any use, I hope it’s as an emblem for a mass movement in which the nurses, doctors, and environmental workers finally align on the side of the poor. There have been medical students and others saying things like “this is what I went into medicine for,” clamoring and war-ready like the invincible students in *A Separate Peace*. If war imagery is to be unavoidable in this moment, let’s instead glorify the working class, cloth-masked and garbage-bagged health workers, too. Let’s exalt all of the poor and dispossessed warriors organizing for freedom on the frontlines of this man-made disaster.

11

Stay at Home

How can you shelter in place if you do not have shelter?

Ana Cecilia Alvarez

April 13, 2020

A few weeks before the pandemic took over, I started attending regular meetings of my local chapter of the Los Angeles Tenants Union (LATU). The union was founded in 2015 by members of School of Echoes Los Angeles, a group of artists, teachers, and organizers who'd convened to better understand the processes of gentrification, the "displacement and replacement of the poor for profit," as they'd later define it. LATU began with one meeting in Hollywood. In less than five years, the union has grown to twelve neighborhood-specific chapters, or locals, where hundreds of dues-paying members meet every other week.

The union defines tenants as anyone who does not have control over their housing, summoning into the union's fold not only people who pay rent, but also the unhoused, the incarcerated, and people who are not able to leave their housing because of unsafe conditions. The invocation of solidarity between renters and unhoused residents is particularly salient in a county where more than half a million renters have been evicted over the past eight years. In 2019 alone, 37,000 people were newly unhoused. Organizing mutual solidarity between renters and unhoused residents underscores the very real connection between the lack of tenant protections in Los Angeles and the city's alarming increase in homelessness. Many renters are one missed paycheck away from losing their home. And relentless sweeps of

unhoused residents often happen in neighborhoods with substantial real estate speculation and rising property values. The displacement of unhoused residents is a harbinger for the future displacement of renters.

Under these circumstances, the directive to stay home—the remedy offered by public health officials and health care workers, amplified by politicians, infected celebrities, and our concerned friends—ignores an all too common problem: How can you shelter in place if you do not have shelter? If the material conditions necessary to protect oneself, and to protect others, from exposure are, for too many, either threatened or entirely inaccessible during the pandemic? For the unhoused and housing-precarious, the inextricable link between public health and housing justice has never felt more real.

Workers on minimum wage—grocery store employees, janitors, and farm laborers, all positions disproportionately filled by people of color—will have to choose between going into work and risking infection or missing a paycheck and risking eviction. If those workers are undocumented, as 28 percent of people employed by the foodservice industry in Los Angeles are, they will have no access to unemployment benefits and will be barred from receiving a stimulus check. For them and the other eighteen thousand people in Los Angeles who were laid off in March—as well as those who need to care for children, for the elderly, or for the sick, or who are sick themselves—paying rent may not be an option. It is a supreme irony, though a foreseeable one, that the order to shelter in place could result in a wave of evictions.

For the nearly sixty thousand unhoused residents in Los Angeles, shelter-in-place policies are not only irrelevant, they're also dangerous. Even though the city has temporarily banned sweeps and no longer forces people to take down their tents during the day, many facilities and businesses that unofficially provide essential services to unhoused neighbors—libraries, fast food restaurants, coffee shops, gyms—have closed. Without these spaces, their access to running water, bathrooms, internet service, electrical outlets, is severely limited. Unhoused residents are already at high risk for developing severe symptoms of Covid-19. A recent study conducted by the Boston University School of Social Work estimates that close to 2,600 unhoused residents in Los Angeles will require hospitalization during the pandemic, with 900 needing intensive care, further buckling a health care system that is, by all accounts, already inadequate.

...

The bi-weekly union meetings I attend used to be held in a neighborhood art gallery, with fold-out chairs set out in a circle.

Members trade roles between facilitation, childcare, and language interpretation. The vibe is convivial. People who are there know why they are there: to represent their own needs and to attend to the needs of their neighbors. The clarity of this purpose gives the meetings a sense of gravity and charge. Following a declaration of community agreements, the floor opens to immediate tenant concerns—an eviction order, a neglected leaky roof, a planned sweep of encampments. On the week the “Safer at Home” order went into effect in Los Angeles, the local held its scheduled meeting over Zoom. Close to forty participants called in, several joining for the first time. Tenants called through the video conference line to hear the meeting in English, while others called through the phone line to hear the meeting in Spanish, while members of the language justice committee simultaneously interpreted between the two. The virtual meeting had all of the now too-familiar annoyances of Zoom—un-muted microphones, side discussions playing out on the chat box, bad internet connections. But the palpable urgency smoothed those technical rough spots. Rent was due in a week and many tenants, myself included, were confused and afraid. The facilitators asked the Zoom crowd how many people were unsure they could pay rent in April. Hands went up in half of the small videos on my screen. Should tenants write a letter to their landlords informing them they won’t be able to pay? Should they start organizing the neighbors in their buildings? What actual protections did tenants have from eviction?

While elected officials in California have stated the obvious—no one should lose their home due to Covid-19—there is little actual protection for tenants behind California governor Gavin Newsom’s self-congratulatory call for a statewide eviction “moratorium.” His policy does not forgive rent; it only temporarily delays payment. It would require tenants who cannot pay rent because of Covid-19 to declare so in writing, and to be able to provide corroborating documentation, something that freelance, gig, and undocumented workers cannot do. And it does not forbid landlords from serving eviction orders if tenants do not pay rent. It only forbids the enforcement of the eviction order until June 1. Meanwhile, landlords can still proceed with no-fault evictions if they are remodeling or removing a property from the market. Newsom’s “moratorium” is a weak legal defense against eviction for some people under some circumstances, and even then, only if they are able, amidst a pandemic, to jump through a number of legal hoops that, even if they successfully manage to do, would still leave them in debt to their landlords.

Some emergency relief measures have been put in place; in Los Angeles, the City Council voted to waive late fees for missed rent

payments and extended the repayment period for unpaid rent to one year. Upon signing the order, Mayor Eric Garcetti added that all rent increases for any rent-stabilized units would be suspended until after the pandemic. Yet these measures are piecemeal offers, mere band-aids that fail to prevent a possible wave of enforceable evictions come June 1. The strongest protections have come from the Judicial Council of California, which issued an emergency rule prohibiting the courts from proceeding with any eviction case, regardless of cause, until ninety days after Newsom lifts the state of emergency. In a nine-hour-long City Council meeting held on March 27, Los Angeles city councilmember Mike Bonin proposed a broader “blanket” moratorium on all evictions. The measure failed to pass with the needed majority by one vote. Of the city’s fifteen councilmembers, eight are landlords. And even though tenants are a majority constituency in Los Angeles, making up 64 percent of its residents, all fifteen councilmembers are homeowners. None are tenants.

As our union local discussed these measures and half-measures and wondered how much to trust the government, one particular question hung in the air—should tenants strike? My roommates and I count ourselves among the fortunate, for now, but like so many others we have been debating whether to pay rent. We have lost some, or all, of our income due to the closures, cancellations, and postponements. Even if we could afford to pay rent this month, next month, we might not. How many months of expenses will the federal government’s promised \$1200 relief payment cover and how long until we receive the check? How many months will we need to stay in our home?

The idea of a rent strike had been trending nationally on social media for at least two weeks, but the invocation often felt misleading. Scrolling through #RentStrike2020, I would mostly find links to lists of resources and petitions to sign, but the material instigations and possible consequences of a rent strike, in all of its local specificity, remained ambiguous. Sure, the Cheesecake Factory, Subway, and Mattress Giant refused to pay their rent on April 1—but as commercial leasers, their right to do so following an unanticipated external event, like a pandemic, is, unlike for residential tenants, actually protected. They are not striking.

The growing traction and effectiveness of labor strikes in recent years—LA’s teacher strike comes to mind—gives the notion of a rent strike some traction. A labor strike collectivizes the withholding of labor as a tactic to increase worker’s bargaining power with their employer; tenants too have collectivized the withholding of their rent as a way to negotiate with their landlord. And, like members of the labor movement, striking tenants have won important protections that we continue to benefit from. New York City’s first rent control

legislation was secured thanks, in part, to a massive rent strike organized by the Greater New York Tenant's League in 1919—notably, during the Spanish flu pandemic.

But striking as a worker and striking as a tenant are different in one consequential way: as a worker, your right to strike is legally protected. As a tenant it is not. While at the workplace there is a clear difference between striking and deciding not to go to work, not paying rent looks the same to a judge whether you are striking or not. Rent strikes are most often invoked against one specific landlord with building-specific demands: lower rent, maintenance improvements, an end to harassment. And strikers will typically still pay their rent into an escrow account until their demands are met. The current situation is different in both type and scale. Whether there is a rent strike or not, tenants throughout the city will not be able to pay. How, then, can tenants collectivize and politicize this widespread non-payment to protect themselves and their neighbors from eviction?

Over the past five years, LATU has supported seven rent strikes in Los Angeles, including the successful and well-known “Mariachi strike” in Boyle Heights and the “Burlington strike” in Westlake. In these cases, the decision to strike began with tenants who were already self-organized into building-specific associations. The union would then help organize and populate direct actions and connect tenants with legal support. In the Burlington strike—the largest in the city’s history—the union brought together two buildings that shared the same predatory landlord in a shared strike.

Two locals have already independently declared a rent strike, although, as of now, this has not been a union-wide decision. A week before April 1st, LATU launched the FOOD NOT RENT campaign, calling on tenants—either out of necessity or solidarity—to pay for essential needs instead of rent. “What we’re seeing right now is a generalizing of conditions that we’ve been dealing with in the tenants union for five years,” Tracy Rosenthal, co-founder of the union, explained. “People are often already in the position of having to make decisions between food or rent, or medication or rent, or basic household supplies or rent.” Rosenthal added that the campaign is intended “to create a container that bridges inability to pay and unwillingness to pay based on our current conditions.”

Members of my local have expressed both enthusiasm and trepidation about formally calling a strike. One tenant said that she would choose rent over food, because your food does not give you shelter. Another tenant responded that you cannot eat your rent. Tenants warned each other not to sign any nonpayment agreements with their landlords before having someone at the union check for hidden clauses meant to screw them over later. Some expressed shame

over not being able to pay rent for the first time in their lives. Many expressed fear. “More people than ever are really terrified that they won’t know how to keep a roof over their head,” Rosenthal told me. In a meeting two days before April 1, after a show of hands, it seemed that despite the fact that several tenants, including myself, had contacted their landlords about their inability to pay rent, many fewer were planning on striking in April. For many tenants, the last thing they want to do is further their risk of eviction, especially in the midst of Covid-19.

Still, others at the meeting maintained that there has never been a better time to strike. The protections from eviction tenants have been offered, while barely acceptable in this moment, could be leveraged beyond the pandemic for demands that even a month ago seemed unattainable. And the union offers strengths in numbers. Rosenthal reported that the union projects hundreds of tenants will have struck in April, and that this number will only increase in May. By then, it seems certain that more people will find themselves unable to pay rent. But the union will have had more time to organize.

Members on both sides of the debate asked what exactly the union would demand, and of whom. At the beginning of the Covid-19 crisis, LATU published a list of demands directed at local, county, and state governments: an end to all evictions, rent forgiveness, and the immediate use of empty hotel and motel rooms as permanent housing for unhoused residents (on April 3rd Governor Newsom announced that nine hundred unhoused residents were being sheltered in empty hotels and motels). These demands would, presumably, also accompany the strike. Yet, as the scale of the strike escalates to include tenants throughout the entire union, so would the scale of its negotiations, from dealing with individual landlords to dealing with the city government. It is unclear how the union as an entity would enter into such negotiations, but the hope of some members is that the strike—in conjunction with direct action and media campaigns—would put enough pressure on elected officials to enact the union’s demands.

To someone who already can’t pay rent, the question of whether or not to call a strike might come off as splitting hairs. If tenants are already engaged in nonpayment, whatever their reason, what would formalizing this call actually achieve? One member put it this way: a call to strike would galvanize those who are still able to pay to stand in solidarity with those who can’t. It would call on tenants to put some skin in the game. On the night before rent was due, LATU posted a meme of the now-viral graph depicting “flattening the curve” that was used to promote the necessity of aggressive shelter-in-place policies. In LATU’s version, the axis that measures the number of new

Covid-19 cases now measures the number of people striking. The flattened curve, broad and stretched out across the period of pandemic, represents unorganized individuals withholding rent. It stays below the dashed line that, no longer representing the health care system's capacity to treat patients, now marks the state's capacity to punish non-payment of rent. Only that peak of an organized collective rent strike manages to break through.

I feel compelled and persuaded by the intuitive clarity of this image. Yet, like other members of my local, I am still on the fence about striking. The reasons to strike are convincing, but the consequences, like most everything else during the pandemic, are overwhelmingly uncertain. Still, a sense of commitment to my neighbors, and the promise, however hazy, of a union-wide rent strike keep me coming back to my local's weekly meetings.

While the pandemic has clarified and catalyzed the appreciation of tenants as a class, tenants in Los Angeles, and throughout the country, were already in crisis long before the virus. The material conditions of life under Covid-19—the precarity and uncertainty of this moment—could bleed into a continuation of the mass disempowerment tenants are already seeing: more evictions, more displacement, more inequity. But it could also offer tenants an opportunity to leverage the hypocrisy of this moment into the basis for organizing and winning future gains. The outcome, Rosenthal argued, rests on convincing enough tenants that what they stand to gain by striking together is greater than what they might otherwise lose. “I think the horizon of possibility will depend on what people are willing to risk.”

12

Washington County, NY

A photo essay from the once and current center of the world

Jack Norton

May 3, 2020

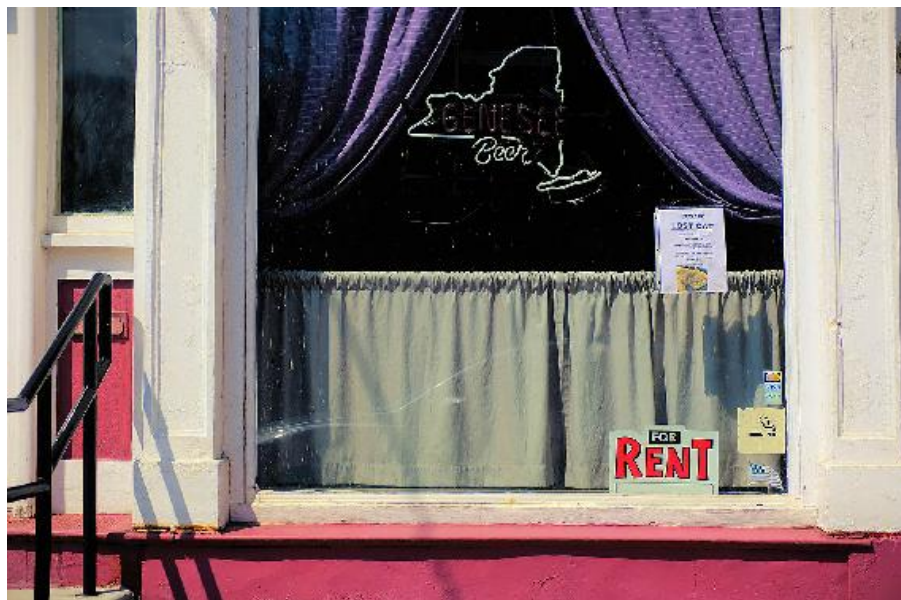
I am in northern New York, the once and current center of the world. Relatives stop by at a distance, and we drop off yogurt containers of red sauce, shouting at each other through closed doors. My 93-year-old aunt tells me, over the phone, that she has been barricaded in her apartment since the ides of March. “Just stop by the window and I will blow you a kiss.”

I pass by a friend’s house and find him clearing brush. Everyone is healthy, he tells me, and he wears a mask. The only person he knows that “has it” is his cousin who works as a prison guard. Maybe north in Comstock, but it might have been in Coxsackie.

Much of this place was effectively abandoned decades ago, and empty streets are familiar. The hospital was shut down in 2003, three years after the last prison opened. That was the year they built the new county jail, the same year James overdosed. In the evening I walk by his grave and see the names and birth years of his family in the stone. His is the only name with a closing date. The rest of us will have to make our own way.









13

Adrift at Sea

Sailors face Covid-19

Laleh Khalili

May 1, 2020

On the list of Covid-19-afflicted countries tallied by the Johns Hopkins University Corona Resource Center there is one entry that is not like the others: a cruise ship, the *Diamond Princess*.¹ With 712 confirmed cases (out of 3,711 passengers and crew) and 13 dead, at the time of this writing the cruise ship's number of cases falls somewhere between those of Latvia and Lebanon. The ship, which flies the British flag, was quarantined in Yokohama, Japan, on February 4, 2020, after which the number of those onboard who tested positive rapidly escalated. Although the world press, and especially the press in Britain, focused on the stories of passengers complaining about the quarantine, very few news outlets reported that of the 712 confirmed cases, nearly 150 were members of the crew, many of them from Indonesia and the Philippines. The quarantine had only really been enacted for the passengers, with the crew members still forced to work and sleep in close quarters, often sharing tiny cabins with other crew members, some of whom were symptomatic.

The *Diamond Princess* was owned by Carnival Cruises who also own another cruise ship company, Holland America, whose ship the *Zaandam* was also beset by Covid-19.² Before passengers began manifesting symptoms, the ship had visited Uruguay and the Falklands, with passengers disembarking and touring the ports. Even after the United States declared a Covid-19 emergency in mid-March and Holland America halted all cruises, it was too late for the

Zaandam. The passengers socialized, danced, and ate together and wandered around the ship unimpeded, while the virus began to take hold. More and more elderly travelers began coughing. With hundreds of ill passengers and crew and four dead bodies onboard, the *Zaandam* was turned away from port after port, eventually met by another Holland America ship, the *Rotterdam*, which carried Covid tests, medical staff, and supplies. What the hundreds of crew members aboard the *Rotterdam* did not know was that they were going to receive passengers from the *Zaandam*. And with no comprehensive testing of the transfer passengers, the *Rotterdam* crew was exposed to the virus. Finally, after two weeks at sea, Panama allowed both ships to steam through the Canal, and the two cruise ships landed in Florida on April 2, 2020, the passengers released by Holland America to take commercial flights home with few precautions and little or no testing. The crew remained onboard, quarantined off the coast of Florida.

In Australia, 2,700 passengers were allowed to disembark from the stricken *Ruby Princess* on March 19, despite many who exhibited symptoms of Covid-19.³ The cruise ship is thought to have been the source of at least half of all Australian cases. Hundreds of the ship's passengers were diagnosed with Covid-19 and 18 have died. As of this writing, the ship is at anchor in Port Kembla, New South Wales, with 66 ill crew members on board, and 11 others evacuated to hospitals in Sydney.

The highest number of Covid cases per passenger, however, occurred on a luxury cruise ship specializing in travel to the South Pole. Only a day after a media report celebrated Antarctica's status as the only continent unaffected by Covid-19, the cruise ship *Greg Mortimer* reported that nearly 60 percent of the 217 people onboard had tested positive for the virus.⁴ The ship had steamed towards Antarctica despite the closure of many South American ports and the declaration of pandemic status in countries around the world.

The fate of cruise ship companies has dimmed, at least temporarily. Carnival, the world's largest cruise operator has suspended all cruises until the end of June and laid off 26 percent of its 150,000-strong workforce; they were not furloughed and therefore they have no access to bridging government funds or any certainties about whether they can be rehired by the company.⁵ Carnival's stock prices are down 70 percent since January 2020. The US has denied a government bailout to Carnival, as the corporation is registered in the Bahamas, where it pays a paltry \$71 million in taxes on \$20.8 billion in revenue, at the astonishing rate of a fraction of one percent.⁶ The company faces investigations in Australia and lawsuits in the United States. However, Carnival has also seen a significant injection of capital from, *inter alia*, the Saudi state investment company, the Public

Investment Fund.⁷ We know less about the fate of the tens of thousands of laid off workers.

...

Ships have historically been significant vectors of pandemics. The influenza pandemic of 1918–1920 is thought to have been transported by merchant vessels and demobilizing warships from continent to continent and coast to coast. As empires, global trade, and long-distance wars wind the corners of the world together ever more tightly, the same conduits of travel for passengers, soldiers, sailors, and cargo also act as pathways for pathogens. The naval ships of the world's great military powers today still transmit illness across the seas. The aircraft carriers *USS Theodore Roosevelt* and the French *Charles de Gaulle*, for example, have each seen more than 650 of their sailors infected. No one knows whom they may have exposed in their transnational travels in the Pacific and the Mediterranean.

The effect of the pandemic on the maritime economy has been dramatic and well-documented. The World Trade Organization predicted a fall in merchandise trade of between 13 and 32 percent.⁸ As much as 90 percent of this cargo is conveyed by ship to their final destination. In China, whose ports handle 30 percent of the planet's freight, lockdowns forced ports to operate with skeleton crews, radically slowing both exports and imports, and in some places effectively shutting down the port entirely.⁹ Just as its main cargo ports were slowly returning to normal by the end of February, ports elsewhere were seeing drops in their cargo processing: in the busy port of Long Beach California, by a staggering 50 to 75 percent.¹⁰ Other container terminals in the US and Europe have reduced operations or shut down entirely. The Asia-Europe and Asia-Pacific route (and their reverse) have seen a massive drop in carriage, with hundreds of trips canceled, and many other ships steaming with no cargo.

Not all maritime businesses are suffering, however. Oil tanker ships have been the peculiar beneficiaries of the oil price war that began in early March, with Saudi Aramco deploying its excess capacity to pump oil at the very moment when demand for petroleum and its products plummeted. The price of oil dropped so dramatically that, soon, fracking companies in the United States were facing bankruptcy and the benchmark price of West Texas Intermediate swooped below zero, meaning that traders, faced with saturated storage spaces, had to pay to *not* take delivery of produced oil. As oil flowed out of the ground and land-bound storage capacity was quickly filled, producers looked to seaborne storage. At the time of this writing, some 60 Very Large and Ultra Large Crude Carriers (VLCCs

and ULCCs, some with carrying capacity of up to 2 million barrels) and many other smaller tankers have been chartered to store oil at sea, in what some call the greatest oil glut in history.¹¹ The owners of ULCCs and VLCCs are able to charge rates as high as \$335,000 *per day* and the stock of tanker companies skyrocketed by as much as 19 percent.¹²

The social fractures the pandemic has revealed on land are well-reported: so many “essential workers” are working-class people of color, and are extensively exposed day after day to the virus. In some US states, fully a third of hospitalized Covid patients are people of color. In the Anglophone world, the proportion of medical professionals of color who have died because of Covid far outstrips their percentages in the public or even among healthcare workers. As anxiety about the fraying supply chains—especially for food—increases, so does the callousness with which workers all along these chains are treated. Many employers are not providing factory, logistics, and warehouse workers, delivery drivers, and others in essential but badly paid service industries with paid sick leave if they are self-isolating and provide them with little—and more often no—protective wear, as many are forced to work in close quarters with one another or in close contact with consumers.

At sea, the feeling of abandonment is even more pronounced. Once the passengers of “hot” cruise ships disembarked, public attention largely shifted away from the ships themselves. But many of those ships are at anchor with crew members on board, under a condition of quarantine familiar from past centuries. Some are aboard empty cruise ships, unable to dock at any ports, unable to fly home, sometimes with dwindling supplies. Some will remain onboard ships even when their contracts end and they are no longer paid; others have seen a reduction in pay while they continue to perform necessary maintenance on the docked ships. Aboard the *Ruby Princess*, some 1,400 crew members remain in isolation, unable to disembark. Of those, nearly 10 percent have tested positive for Covid-19.¹³ The close quarters of a cruise ship (even with crew members now allowed to lodge in passenger rooms), and the daily delivery of food by handlers who could themselves be ill act as accelerants for the virus. Dozens of cruise ships near the US coast are similar hothouses for confined seafarers. On many of these ships, the non-US crew have their passports locked in the captain’s office, and even if they could book that rare flight home, they would not be allowed off the ship without their passports.

But it is not only the crews of cruise ships who are suffering such fates. The seafarers working cargo ships—container vessels, tankers, automobile carriers, and the like—who come to the end of their contracts, sometimes after nine months at sea, are unable to return

home. As many as 100,000 seafarers have come to the end of their contracts but remain aboard ships, unable to travel home because of restrictions on flights.¹⁴ Seafarers on smaller ships have been abandoned. Indian fisherman are afloat on the coast of Iran, unable to return to India, without any prospect of repatriation by the state, and with dwindling supplies of food.¹⁵ Toward the end of March, the Indian government advised its seafarers not to sign off ships or try to return to home as borders were closed. Of the sailors abandoned across the world, some 40,000 of them are Indian.¹⁶ Perhaps more alarmingly, even if a seafarer has been able to disembark, their arrival at home has sometimes been met with suspicion, and there have been instances of seafarers being stigmatized and shunned by their friends, neighbors, and landlords who fear they may be carrying the virus.

...

Hunger ships, abandoned sailors, and ghost ships haunt modern literary seascapes. The plaintive cry of the protagonist of B. Traven's 1926 novel, *The Death Ship*, was about everyday working conditions aboard ships, where seafarers felt they had no recourse, not even to their own governments:

We are always hungry because a shipping company cannot compete with the freight rates of other companies if the sailors get food fit for human beings. The ship must go to the ground port, because the company would be bankrupt if the insurance money would not save her. We do not die in shining armor, we the gladiators of today. We die in rags, without mattresses or blankets ... We die in silence, in the stoke-hold. We see the sea breaking in through the cracked hull. We can no longer go up and out. We are caught.

The feeling of being caught is now experienced by many. The most universal response to the Covid-19 pandemic has been containment: the contraction of spaces in which people can move and the closing of borders, confinement to one's household, closed off businesses, a surveilled, policed, and closed-off country. But within and amidst these fixed spaces, the poorer, the less powerful, and the racialized still have to move—as delivery drivers, logistics and transport operators, and any other essential workers commuting between work and home.

The condition of invisibility and abandonment at sea now experienced by quarantined seafarers is only an intensification of the vulnerability always present in their ordinary working conditions. Even at the best of times—that is, working on ships registered in countries which observe health and safety rules and labor and environmental regulations—seafarers are constantly exposed to physical injuries and mental pressures. Cargo ships almost never have

doctors onboard, not to mention ventilators or other sophisticated medical equipment. Living spaces are cramped and crew members share cabins with one another. If a seafarer is injured or becomes seriously ill, they almost always have to wait until arrival at a port that will allow disembarkation to be hospitalized or repatriated. Modern cargo ports are often far from city centers and turnaround times for ship loading and unloading is now so swift that seafarers rarely experience adequate shore leave. Ordinary crew members often spend nine months at sea and a month off, while officers have shorter—but still months-long—contracts. Everyday seafaring is hard work, contoured by exhausting schedules, loneliness while confined in close quarters, melancholy and anxiety. A survey commissioned by the International Transport-Workers' Federation and conducted by Yale University has shown that more seafarers suffered from depression and have contemplated suicide than the general population or workers in any other occupation.¹⁷

In a pandemic, with cities and borders closed, shore leave and crew changes not permitted by transit ports, welfare visits to ships disallowed, and no clear or consistent end in sight for such restrictions, the world's 1.6 million seafarers have been feeling anxious—about their own fate, about their families' health, about their income now and availability of work in the near future.¹⁸ Predictions about when or how global trade may recover are at best wildly speculative.

At this moment, the only thing we know for certain is that the very scale and scope of mobility that has so dramatically defined this age of trade is premised upon the isolation and abandonment of the sailors. All the technological innovations that have lubricated trade—the container ships, economies of scale, the loosening of regulations on ship owning and seafaring, the ease with which seafarers are flown from home to port and port to home—have encouraged mobility and yet are precisely the points of vulnerability for seafarers. The ability of sailors to organize collectively at sea is curtailed by the ever-contracting numbers of seafarers aboard ships, their unequal contracts, and the threat to lose their jobs to a cheaper sailor, or worse yet to a machine. Every maritime trade journal nowadays peddles new technologies that supposedly make the human workers with all their very human vulnerabilities unnecessary for the conduct of business, whether these technologies be blockchains, autonomous ships, or electronic navigation.

In what ways this moment of pandemic will redefine the parameters of work, encourage yet more fantasies of automation or economies of scale, or ignite new waves of political mobilization among seafarers remains to be seen.

14

Distance Must Be Maintained

We walk to escape the trauma of the pandemic,
only to relive it all over again by walking

Aaron Timms

April 1, 2020

On my way to the cemetery I now run around every morning, I pass a bodega, a strip of repair shops, a cluster of used car lots, and a laundromat called Ridgewood Bubbles. The bodega closed down a week ago. The garages, the car lots, and the laundromat are still holding on. The cemetery, on the border of Brooklyn and Queens, is one patch in a quilt of graveyards laid out on either side of the Jackie Robinson Parkway. As they race past, motorists take in a still pageant of the city's forgotten dead, the headstones set against the towers of Manhattan on the horizon. I scan two, three, four blocks ahead of me as I walk up, checking for oncoming foot traffic, pedestrians darting out of side streets, lurkers ready to spring from behind car doors and apartment entrances. Every one of them gets a wide berth. Distance must be maintained.

Some are good at playing the six-foot separation game. Others range across the sidewalk with mazy disregard for the new conventions, two abreast, arms pumping, social-spatial awareness set to zero. I magnetize myself to walls or duck into the oncoming traffic whenever someone approaches in the opposite direction, pause to let older pedestrians pass whenever a sub-six foot collision course is looming, speed up, slow down, cross if things look emptier on the other side. Stripped of its innocence, the dart-and-weave common to the New York driver or the Manhattan pedestrian has been exported

to every walking corner of the city. On the streets in Ridgewood, the Queens neighborhood where I live, other people are suddenly, surprisingly threatening—not quite enemies, but potential sources of deadly infection. This is a strange feeling everywhere, I imagine, but especially strange in New York, the ultimate kinetic city, designed for ease of circulation and defined by mobility. I'm walkin' here! Unless you are too, in which case I'm probably walkin' over there.

Every day I take this journey, threading the needle, refusing the siren call of surfaces, I'm reminded of something Norbert Elias wrote in *The Civilizing Process*, his multi-century history of the acculturation of manners and personality in Western Europe. Elias showed how, as European societies became more complex and economically sophisticated, the psychological habitus of everyday life was transformed, and new norms of civility and deference took hold. One of the arenas affected was interaction between strangers on the street. Think, Elias wrote,

of the country roads of a simple warrior society with a barter economy, uneven, unmetalled, exposed to damage from wind and rain. With few exceptions, there is very little traffic; the main danger which a person here has to fear from others is an attack by soldiers or thieves. When people look around them, scanning the trees and hills or the road itself, they do so primarily because they must always be prepared for armed attack, and only secondarily because they have to avoid collision. Life on the main roads of this society demands a constant readiness to fight, and free play of the emotions in defense of one's life or possessions from physical attack.

I've always been fascinated by this passage and its portrait of a society in which the simple act of walking—perhaps the greatest pleasure of life in the city—was injected with deadly risk. Over time, as society became more differentiated and interdependent, the threat posed by passersby vanished, and the everyday combat stance of the pedestrian relaxed. In normal times people now circulate in public mostly without fear of each other. (In that “mostly” lies the caveat that for women, the poor, and people of color, the modern street often still contains more parts menace than promise. None of these groups enjoys the underlying freedom that makes an essay like this one possible: an obvious and enduring injustice of life in the city.) But these are not normal times, and while the pandemic has not quite taken us back to the place where moving about in public demands the “constant readiness to fight” of the pre-modern pedestrian—surely the wiser strategy these days is to respond to any building confrontation by running away—there's a similar vigilance to permanent danger required on the streets of New York today. We walk to escape the trauma of the pandemic, only to relive it all over again by walking.

We're told this is temporary, a momentary suspension of

normality, and in our hearts we sentimentalists all want to believe the streets will soon be filled once more with stoop dawdlers, grandmas pushing shopping carts, vested business bros with their phones on speaker, fleets of annoying schoolkids, boys and girls out on the prowl, the stench of weed and the cries of desire. (On second thought, let's consign the business bros to the past.) But we all know the dream of a quick recovery is delusional, that our altered reality will last a year, maybe two. Even when it returns, normality will never be quite so normal again. It's possible to hope we will come out of all this with a renewed sense of the beauty and value of public space, of the common places that bring us together to enjoy each other's company rather than buy things. But that hope seems forlorn at a moment when we're still feeling through the opening act of the crisis. To say this is a public health crisis, a political crisis, a crisis of capitalism, a crisis of the very way in which we manage crises: all of that has been obvious for weeks. What's becoming clearer is that this is also a crisis of tactility, a crisis of mobility, both physical and economic, and that the many ways we've come to understand the city—as a place of unfettered exploration—may not survive it.

New York, like most cities, is often conceptualized as a body: the big parks form the lungs of the metropolis, the expressways and avenues its arteries, the people its lifeblood. I prefer to think of Ridgewood as a condiment—a small splodge of mustard on the map of the five boroughs. The streets are lined with century-old three-story apartment blocks built of brick colored beige, bone, off-white, and ivory; straw, egg yolk, champagne, and custard. I've spent countless hours wandering these streets, enjoying the variations of yellow from building to building before launching myself into the city beyond for walks lasting hours, afternoons, and sometimes—usually when I'm trying to avoid a looming deadline—whole days.

As irritating as I'm finding myself as I commit these words to print (never boast about this type of stuff unless you're in a national emergency), according to my iPhone I've averaged 8.9 miles a day for the past 12 months. That's 16,469 steps, most of them given to solitary exploration of the city: across, say, the cement steppes of Maspeth and East Williamsburg, up through the needle of Manhattan Avenue and over the Pulaski Bridge into Long Island City, across the stately Queensboro, around the belly of midtown, back downtown, through the hectic sweaty strips of the East Village and the gentler grime below Houston, left onto the Williamsburg Bridge, Metropolitan into Bushwick Avenues, left onto Myrtle, then all the way back to Ridgewood; or down Halsey Street, through the mudcake terraces of Bed-Stuy, up Nostrand and onto the middle-European parade ground that is Eastern Parkway, over to the winged gates of Prospect Park,

down 3rd Street, past Park Slope and Gowanus and non-topographical Hills called Cobble and Boerum, across the discount fantasyland of downtown Brooklyn, back into Williamsburg, onto Metropolitan, then home to the mother borough.

Samuel Johnson walked the streets of London to cure himself of depression. Vivian Gornick ranged across Manhattan to heal a “sore and angry heart.” I walk because I like to be entertained. And there is still no theater more engrossing, more squalid, more pathetic and more energetic than New York: the grandeur and intimacy of its streets, the fine wreckage of its faces. The city, despite gentrification, despite everything, still appears to me as Isabel Bolton put it three quarters of a century ago, in *Do I Wake Or Sleep*:

What a strange, what a fantastic city! And yet, and yet; there was something here that one experienced nowhere else on earth. Something one loved intensely. What was it? Crossing the streets—standing on the street corners with the crowds? What was it that induced this special climate of the nerves? ... There was something—a peculiar sense of intimacy, friendliness, being here with all these people, and in this strange place. They brushed you by, like moths, like flowers, they brushed against your cheek, they touched your heart with tenderness and you felt yourself a part of the great flight and flutter—searching their faces, speculating about their dooms and destinies.

And yet, and yet: it doesn't, because that city is now lost to us. How do we walk in the city, how do we relate the experience of walking in the city, once the city is no longer the place we knew? The literature of New York's walkers is as vast as the city itself. What's never been in question is the mobility essential to bearing witness, the free play of desire at the heart of the creative, perambulatory act, the lust for progress. The great walkers of New York have been ecstatic, effusive, enraptured, like Bolton, ambitious like Whitman and Crane, convalescent and resurgent like Gornick, lachrymose and watchful like Teju Cole, droll and unmoved like Gary Indiana: emotional predicates that no longer hold now that the city is defined not by its life-giving force but its vulnerability, its fragility, its demobilization. Whereas previously the limit of urban exploration was a function of the individual's free time and physical endurance, now it's limited by the depth of anxiety. Across culture the story is the same. Already almost the entire historical catalog of film and TV documenting the story of New York looks jarring, absurd. Even the interior dramas of New York, like *Seinfeld*, are somehow traumatizing, like a taunt from a lost world in which people moved without inhibition from outside to inside, building to building, room to room. Opening those doors, Kramer never knew how good he had it.

The only cultural solace, for me at least, has come from an unlikely source. In recent days, I've found myself rewatching, and at times

seemingly reliving, scenes from *Uncut Gems*, the last great film released before the curtain came down on New York street life. *Uncut Gems* is, above all, a film about the interplay between desire and mobility. The opening scene finds Howard Ratner pacing the streets of Manhattan's Diamond District with his phone pressed to his ear. "Yussi, I'm a block away," he says. "I'm walking already, I'm walking." The rest of the film unfolds in a state of perpetual motion, as the portrait of a man simultaneously on the hunt (for wealth, betting success, sex) and on the run (from his creditors, from his past). There are entries, exits, passages, transports, and no repose. We see Howard on 70th and First ("What the fuck is he doing there?" "He's walking"), we see him walking into a pawn shop, walking into Nino's trattoria to place bets with his bookie, walking into the lobby of the building that houses the auctioneer he hopes will land him a big payday for the film's eponymous gem. In the final act of the film he walks to his death. Howard does not stroll the city in the bemused, relaxed, spritely or invigorated manner of a New York boulevardier. His walking is nerve-shredding, hurried, panicky, and paranoid. For anyone squeezed into a New York apartment right now and contemplating a quick, fretful scuttle to the store, the picture that emerges from all of this is, as they say, very relatable.

The film's most emotionally resonant scene finds Howard at his family Passover dinner, across the table from Arno, the loan shark brother-in-law whose thugs will later account for them both. "Blood, frogs, lice, wild animals," Howard intones, leading the recitation of the Ten Plagues as everyone spills a drop of wine into their plate at the enumeration of each fresh curse. The trauma that hangs over the film is the trauma of the biblical plague, and the massive migration it triggered. Under the shadow of the Exodus, pursued by Arno's hitmen, Howard is condemned to keep moving. "In every generation everyone is obligated to see themselves as if they themselves came out of Egypt," the Haggadah instructs.

Howard's walking reminds me of nothing so much as the strung-out pacing of Thomas Bernhard's typical narrator, sent spare through the streets of Vienna in a state still stained by the Holocaust. Walking, in both instances, simultaneously mirrors and deflects some larger disaster. The streets are both a hazard and an escape. Which is why these walkers, despite their terror, achieve a kind of charisma. Their walking, though propelled by anxiety, is not without joy. Not everyone in New York today has the luxury of sheltering in place, of course: messengers, delivery people, and other precarious workers continue to move through the city as a matter of economic survival. But for those of us fortunate enough to enjoy the option of isolation and still able to leave the house, this is how we walk now: as a way of

reclaiming the spaces that most endanger us, as an expression of our collective trauma, as a coping mechanism. New York has become a city through which we move without quite going anywhere. A city through which we are afraid to move, but move all the same. Our sense of direction is lost. The virus closes in. Just as for Howard Ratner, the only release is to keep walking.

Whores at the End of the World

“Don’t involve the police,” I say every time

Sonya Aragon

April 30, 2020

One of the last times I saw a client in person, before New York City’s now-hardened shelter-in-place order, we met in an oddly decorated hotel room in downtown Brooklyn. It was our second meeting, but I had the keen sense that he would become a regular. This, because following our first meeting, we had begun the complicated dance of declaring our feelings—our “connection”—as being out of the ordinary for the transactional circumstances that brought us together. And this was true, to a degree, for me. At our first meeting, I’d earnestly wanted him, something I had never felt with a client prior. He was young and tattooed, a former anarchist punk. He still went to shows sometimes, he said; based on his description of a new DIY space, it seemed like we had attended the same benefit a couple months back. (My boyfriend had been convinced that the bottle of tequila he passed around that show, a bottle that, unimaginably now, twenty people must have sipped from, was ground zero for the flu we all caught in December—the one everyone retroactively seems to think was Covid, despite the improbability.) I liked the idea that someone I could have met as me—a me without the pretense of a different, more appealing me—was paying me, and I liked tracing the skulls and knives on his chest with my fingers, and I liked his implied antipathy toward authority, even if it seemed like he was probably aging into a quieter liberalism.

When we met for the second time, early in March, it was pouring

in Brooklyn. I arrived late and disheveled, having jumped out of a cab stuck at a standstill to run the last three blocks in the rain. As we warmed to one another again, he remarked on the room's decor. I hadn't yet noticed it. The walls were *Breakfast At Tiffany's*-themed, papered in kitschy drawings and scrawled script reading, over and over, "By Truman Capote." My client found this eerie: "I just read *In Cold Blood* for the first time," he said. "How did they know?" I asked if he liked the book and he had, but the short distance between us suddenly felt impassable, expanded immeasurably by his implicit mention of murder, done by unstable men. (Alone in the room, we both try to forget that popular understanding of our arrangement makes savior types fear for my life and judge his. He tries to forget that he could murder me because he wants to forget that he hired me; I try to forget that he could murder me because, otherwise, I cannot get through the appointment.) "Like, I know my phone is recording everything I say and read and do, but the front desk knowing what room to put me in?" He trailed off.

"No, totally!" I worked to bring us back on equal footing, to re-establish us as lovers in a secret meeting place, having an affair, even if it was ultimately a pre-paid one. I asked if he ever read *1984*. I rambled about the frightening scene toward the end, in which Winston and Julia, the protagonist outlaws, think they're alone in their rented room and repeat to one another, in acknowledgement of their inevitable capture by Big Brother, "We are the dead." They're not alone, though, and a voice repeats it back to them—"You are the dead"—revealing the telescreen that was hidden behind a painting all along. I said that I feel like Winston and Julia in the room every time my phone advertises me something I've only spoken about—like the walls are repeating the fact of my total and inescapable surveillance back to me. My story worked twofold, making us, also, Winston and Julia in the room, our enemy not each other but a common one: the state. We moved back toward one another. He kissed me, and I pretended we were them, doomed but happy, at least, to steal our last moments away from the Thought Police.

I overstayed our appointment by an hour. We texted all weekend, planning to meet again the following week. His girlfriend was away and he offered to have me over. He asked if I would sleep over—in their bed—and I said no. I pretended to say no because I felt too complicated about the circumstances, but it wasn't exactly that. I wanted to maintain a sense of unrequitedness, to delay the extinguishing of either of our desires—but also, he just wasn't paying me enough.

As our date neared, the city grew more concerned about the virus by the day. Rumors swirled: the city would shut down on Friday; no,

on Sunday. From three different people I heard the phrase, “No one in, no one out”; some suggested bridges to and from Manhattan would be blocked, and police checkpoints installed on the roads. That Tuesday, a different client—a real estate developer I’d met once before, who’d spent half our first meeting on the phone with his lawyer—asked me to meet him, last-minute, at his office. As I rode the elevator to the thirtieth floor, my friend, a therapist, texted me: “omg someone in my clinic has it.” I swallowed dryly. A Jesus pamphlet stuck in the elevator’s metal bannister stared at me: HOW DO YOU KNOW IF YOU’RE SAVED? I posted a photo of the pamphlet to my Instagram story, typing “lol who knows bitch!” above it. When the doors opened I rang the bell outside of his office, entered, and left a mere ten minutes later with seven hundred dollars more to my name. I texted my friend, “do u know the person who has it? Are they ok? This is getting so crazy!!!” I got on the bus home, trying, more than usual, not to breathe on anyone, or let anyone breathe on me.

On the morning of the third meeting with my new client—the one who seemed to want to be my boyfriend, the one whose girlfriend was away—I sat on my roommate’s bed and debated cancelling. It had become clear the virus was overwhelming the city, and that an order to shelter-in-place was inevitable. I wanted to go meet him, and my roommate wanted me to stay. What would be the difference, I wondered, if I saw him one more time, and made a little more money, to provide a little more peace of mind, financially, in the ensuing chaos? “I mean, are you going to work tomorrow?” I asked of her after-school teaching gig. She said she didn’t know. She hesitated, and then she said it: that my work is different, that it’s impossible to take distancing precautions when you’re swapping bodily fluids, and that it is, inherently, more dangerous with respect to the spread of a sickness. My face got hot and my voice broke a little. “But I need to make money,” I said. “I know,” she said. I didn’t go.

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Last July, a client booked me for six hours one night. He, too, was young, and wanted a date for a rave of sorts. I met him in the room first, where we had sex with the television on in the background, tuned to some kind of sports recap. I wore ugly combat boots I bought secondhand years ago, and stuffed the wads of cash he paid me between the zipper and my fibula—I didn’t want to leave the envelope in the room, nor carry it at the party in my tiny purse. We danced and kissed under the strobe lights, bobbing to the relentless music. I went to the bathroom and texted my boyfriend a photo of the drone cameras circling the venue, gathering promotional footage for future events. He wrote back that he could see the lights of the warehouse

from the roof where he was drinking with friends, less than a neighborhood away.

Eventually we took a cab back to the hotel, stumbling into the room. We had sex again. He finished, pulled out, and told me the condom had broken. I took another cab back to my boyfriend's house. When I got there, I told him what had happened.

HIV won't show up on a test until a month following exposure. "We could use condoms this month," I suggested halfheartedly. He laughed. "I mean, we're just not going to do that," he said flatly. He was right, and I felt grateful for his framing of our refusal as mutual—something neither of us would do. It's easier to care for someone else's life than your own; risking his health worries me far more than risking mine.

I can't explain why we wouldn't use condoms that month, other than the fact that our desire to feel good and close outweighed our averseness to risk. Ezra and Noah Benus—two halves of Brothers Sick, an artistic collaboration on illness, disability, and care—write, "To be scared of the sick is to be scared of [the] living." It's important to me that my boyfriend isn't scared of me. I think it's important to him, too, and so he chooses not to be. Arguably we should be more fearful, but to take on risk with a partner—to alleviate the loneliness of their anxiety by making it both of yours—is an act of dumb love. Thinking about that month now, I feel stupid, and lucky, which is how I feel about a lot of things I've done.

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On April 1, a client emailed me: "I am a nurse who will be traveling to NYC to help with the Covid Crisis. I was wondering if you were doing physical visits? I have been social distancing for weeks. I was looking to meet before I started working because after I step foot in that hospital I will be knee deep in quarantine." I wrote back, saying how grateful I was for his line of work, and how unfortunate that I was no longer doing in-person sessions. Seeing him wasn't worth the risk, for me, now criminalized two-fold: in the usual ways, plus the added \$500 fine, which the NYPD was newly empowered to mete out to anyone they encountered breaking social-distancing guidelines. You can't fuck six feet apart.

Some of us already did virtual sex work, pre-pandemic; some of us are now doing it for the first time. I've been texting one guy elaborate, forced-bi fantasies every other day for \$300 a week, and someone else sent me \$1,000 seemingly out of the kindness of his heart. Alongside selfies with bandanas over their mouths and videos of their pets, my friends post to their private social media updates about their generous and ungenerous online clients, and questions about which cash

transfer apps are the most reliable. Prior to Covid, a financial submissive offered to send me money for text humiliation. I instructed him to use GiftRocket but was promptly kicked off the app, receiving the following message: “GiftRocket’s Compliance Team identified your account as having sent or received gifts associated with a prohibited use case. We encourage you to find another payments provider as we cannot process future transactions for you. Going forward, any gifts sent to or from your email address will be automatically canceled.” GiftRocket addressed me as Princess, the moniker my sub had used.

I don’t know how the Compliance Team knew I was a hooker, but I know from Twitter that in the previous weeks they had done sweeps, banning sex workers from their payment processor. Since, I’ve found nothing as anonymous. Now I try to calculate, based mostly on blind intuition, who is safe to give what information through which platforms, like an absentee parent choosing presents for children he doesn’t really know: this gentle old man who loves poetry gets access to my full legal name via PayPal; this young banker to the list of contacts I can’t figure out how to hide on Venmo; this demanding philanthropist to my real iPhone number, through ApplePay.

These concerns are minor. I am so lucky. Many people are still working in person and outside. How is anyone to turn down work, to stay inside, if they have no savings, no access to financial relief, or no home? In an essay for *Tits and Sass* called “Coronavirus and the Predictable Unpredictability of Survival Sex Work,” Laura Lemoon writes, “I hear other workers complaining about the low ball offers they are now getting from clients and I think to myself that I’ve never had the luxury of setting a target fee and turning away anyone who won’t meet it ... I still can’t say with certainty what my HIV or STI status is because all of my clients wanted bareback and I was too scared they wouldn’t want to see me if I made them wear a condom.” To prioritize one’s own health in the sex industry is a luxury many workers can’t afford. This is true of workers in every industry. Uniquely though, sex workers—particularly those who use drugs or work on the street—are always already seen as vectors of disease, and blamed for any affliction they contract.

A *New York Post* headline declares, “Sex workers feared to be spreading coronavirus in Tokyo’s red-light district,” reporting: “The intimacy involved makes the spread almost inevitable—and almost impossible to trace, with the sex workers refusing to cooperate about whom they have been in contact with.” Good, I think. No one’s snitching. In an article titled, tellingly, “Coronavirus Super-Spreaders,” the BBC argues, “Some just come into contact with far more people—either because of their job or where they live—and that means they can spread more of the disease, whether or not they themselves have

symptoms.”

Stigma masquerades as concern. Online and restless, I Google different combinations of words, curious about the tone of every article on the topic: “sex work”; “prostitution”; “coronavirus”; “Covid-19”; “disease”; “infection.” One such search, a few pages in, turns up an academic paper on the Contagious Diseases Act, passed by British Parliament in 1864. The Act was an attempt to eradicate the spread of venereal disease in the military through widespread arrest and forced vaginal examination of women suspected to be prostitutes in port towns. If infected, the women were incarcerated for up to three months. Parliament conceived of prostitution as a threat to the military both materially and morally: the prostitute was both sick and responsible, the otherwise moral soldier merely a victim of temptation. Amended two years later, the legislation sought to regulate prostitution among the civilian population, too, and extended the length of incarceration for the sick prostitute by up to a year.

An escort I follow on Twitter announced she tested positive for Covid-19 and attempted to shift public health responsibility to clients, admonishing them for continuing to seek out sexual services under pandemic conditions. She implored clients—the majority of whom are older men with preexisting conditions—to take their health more seriously.

Other workers I follow gloat about their strict adherence to social-distancing mandates, while simultaneously shaming others for continuing in-person work. This has become yet another class signifier on what amounts to a client-facing advertising platform—those who could afford it stopped working immediately, announcing indefinite hiatuses. Many outside the luxury class did not.

On April 6, Governor Cuomo doubled the fine for failure to socially distance; it is now \$1,000. Such a fine punishes those who cannot afford to pay it: those who cannot afford to not be on the street. Access to indoor and online work is classed, gendered, and racialized. The inability to protect one’s own health and the health of one’s clients is not the product of individual moral failing but of state-sanctioned violence: the criminalization of harm reduction, of poverty, of Blackness, of non-normative gender expression. Nonetheless, it is the sick prostitute who will be punished, rounded up in a vice raid by the armed and moralizing police.

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In another room, about a year ago, I thought I was going to get busted. I was waiting for a client whom I had screened only by verifying his place of work, rather than my preferred method of checking a reference. I was renting a room by the minute through a

now-defunct app, one that advertised itself as a way for businesspeople, traveling in foreign cities, to book the amenities of a hotel without staying the night—to get a room for a couple of hours in order to take naps and refresh themselves between meetings. I was sure the app was only ever used by whores, until a friend told me a guy she met on Tinder used it to book them a room to hook up in, so I suppose it was used, occasionally, for unpaid dalliances as well.

I checked in fifteen minutes before our meeting time, attempting to cut down overhead costs as much as possible. My client texted that he was nearby. As I frantically changed from loose jeans into obvious red lingerie and a silk skirt, someone knocked on the door. I didn't answer. He knocked again: "Hotel security." I stared at the contents of my bag, strewn on the comforter before me: lipstick and eyeliner, thigh-high stockings I had yet to clip to my garter, a pack of gum, a pack of condoms. He knocked again, and again. "Open the door please!" I threw my skirt off and my jeans back on, stuffing the rest of the items into my plain Jansport backpack. I contemplated throwing the condoms out the window, knowing they could be used as evidence against me, but decided doing so would pose a greater risk. What would I use during the appointment, then?

When I opened the door I was overwhelmed by the smell of pot. The security guard, realizing immediately it wasn't coming from my room, apologized and began knocking on the room next door. I closed the door and started to change again, but paused, shaken. I called my boyfriend and whispered to him what had happened. "Is there any way this could be a set-up," I hissed, "or is it just a weird coincidence? Can I let my client up?" He sighed, and said he thought it was fine. "Just call me after," he said. He was right, and I did.

Afterward, I got on the train home from midtown, traversing a station I'm rarely in, but in which I see, every time I pass through it, militarized police. I thought about how they could seize my cash from me, and I'd never see it again. No recourse to recover unclean money. I looked in their direction and tried to communicate with my eyes: *I hate you. I am a criminal, and I hate you!*

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Whore is an orientation. Not a sexual one; a political one. Miguel James writes: "My entire Oeuvre is against the police." As is mine.

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I had a video call with a client for the first time the other day. I've never cammed before, but the financial reality of social distancing had started to set in. I wasn't wearing my glasses or my contacts, so when I

held my phone far away from my face for a close up of what he had paid to see, I had no idea what I was actually showing him. The thought crossed my mind that he could be screen-recording me, but I didn't care very much. I thought about the likelihood that my faux-masturbation performance would end up on PornHub or xvideos, and it seemed truly fifty-fifty. I would feel violated, certainly. I would ask the company to take it down. They probably wouldn't do anything about it. I wouldn't involve the law. I would move on with my life.

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I periodically ask my boyfriend to promise to avenge my death, should it ever occur at the hands of a client. "Don't involve the police," I say, every time, as he waves me away: he never would. "But kill him!" I say, and again, he waves me away: of course he would.

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A week ago, I took a walk in Prospect Park, feeling bereft. I was flooded with memories of moving through the world without physical paranoia: this tree branch I swung on without washing my hands after; this path I pushed the child I was babysitting down in his stroller, handing him a juice box without disinfecting the straw. I walked with my boyfriend—the only person I've touched in weeks—and we spoke about the things we missed.

But of course the world had felt structured by a certain amount of physical paranoia for a long time. We exited on the south side, and I remembered a time years ago, when I took the subway to that neighborhood to see my friend and her client in her new apartment, which the client was subsidizing. He was my first client by way of her, and though it wasn't our first meeting, it was our first in that place: a large, one-room studio. She took a polaroid photo of us, I forget why, and I laughed about it later—how young I looked, swallowed up in a hug by his voluminous figure. I remember the day as a warm one, but I might be misremembering, transposing in my mind the feeling of free movement into warm, easy air. In reality, it could have been raining. A week or two after our meeting, my friend called to tell me she had Trichomoniasis, a sexually transmitted infection. She said it wasn't a big deal—easily remedied by antibiotics—but encouraged me to get tested, so I did. I explained the circumstances to my doctor, leaving out any mention of money. (I've only ever told the truth about my income stream to one doctor—a psychiatrist—and in our next session, she said she would be remiss if she didn't circle back to the profound alarm she felt at my desire to engage in such highly risk-taking behavior—meaning, escorting.)

I tested negative. My friend texted me again a few days later, asking if I had heard from her client, which I hadn't. "I told him I had it and since then, radio silence," she texted. "I'm kind of freaking out though, like that's my whole income??" I told her I was sure he would get back in touch, even though I wasn't. He was married, and I could imagine that the suddenly immanent threat of disease transmission destabilized whatever tale he'd been telling himself to make his infidelity acceptable. Their arrangement was a relatively standard sugar-dating setup: discreet meetings a few times a month in exchange for a monthly payment. He was generous and indefensibly wealthy, but he couldn't allow himself to think of his romance as her job. An STI for him would signify, simply, that the affair had run its course. He would see no need for sick pay or severance, and she couldn't very well file for unemployment.

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In quarantine, I'm tiring of my new, nearly regular client—the one who wants to be my boyfriend, in spite of his girlfriend. Pre-virus, I made a calculated decision to test the waters of treating him as more than a client—someone I could enter into a kind of financial arrangement with, one where I'd accept less money for more time on the condition that I'd see him more frequently. He's not very rich, is the thing, so he can't afford to see me often at my usual rates. I told myself I was using this situation as practice for the future: honing my ability to lure and maintain regular clients. Next time I hoped it would happen with someone wealthier. But now he continues to text me, though he sends me little money, if any. Declarations of a desire to see one another soon are losing their meaning, as isolation stretches ahead. I'm not sure what will become of us.

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In late March the Philadelphia Police Department announced they would delay the arrests and detainments of people caught for nonviolent offenses, including prostitution. Amid increased risk for many workers, the virus also makes plain what we've already known, already dreamed up: the police could simply stop arresting people. They're not going to, of course—at least not for any sustained period—but they could.

I read an interview Fran Lebowitz gave to *Aperture* in 1994, in which she described her friend, the artist David Wojnarowicz, who died of AIDS in 1992. Asked if he was political, Lebowitz answered, "Very. Very. Although not always in a direct way ... But his basic take on things was an adversarial relationship between him and

institutions, or himself and authority, and that's a totally political way to look at life. You know, he hated cops. Not this cop, or that cop. Cops." The interviewer clarifies, "Because of what they represented?" and Lebowitz answers, "Because they're cops."

Wojnarowicz sold sex as a teenager to survive. He raged against a state that had the blood of his loved ones on its hands, a state that would soon have his blood, as well. After his diagnosis, he told us, with everything he made, "fags and dykes and junkies are expendable in this country." Fags and dykes and junkies and whores—criminals, each and every one of us.

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I think often about what brought me here. There are plenty of other things I could do to make money, and plenty of practical and impractical reasons I've chosen sex work: lower time commitment than a straight job; insatiable curiosity about the sexual proclivities of others; inherited neuroses I have yet to work out in therapy. Lately, though, I've started to think I became a whore because I wanted to align myself with criminality, and in doing so, to solidify my societal position as a materially anti-state one.

I say "align myself with criminality" and not "become a criminal" because one cannot become a criminal, one can only be labeled a criminal by the state. And it is exceedingly unlikely that I will ever be labeled a criminal, because of my white womanhood and relative wealth and privilege. When police see me, they see innocence. They have historically committed, after all, their most heinous acts in the name of protecting women who look like me. Nonetheless, I disalign myself with them. I want decriminalization, but I never, ever want police on our side.

The focus on decriminalization within the mainstream sex workers' rights movement necessitates positioning the work as a job like any other—necessitates a struggle for workers' rights, as bequeathed by a legislative body. Workers in this country are treated like shit, a reality that grows more starkly evident every day unemployment climbs and rent is not forgiven. It's not that I don't stand with the working class—of course I do—but that I don't view assimilation into state-sanctioned professionalism as our end goal. M.E. O'Brien writes, "When refusing their imposed disposability and isolation through revolutionary activity, junkies and their friends move towards a communism not based on the dignity of work, but on the unconditional value of our lives." I want the same to be true of whores and our friends. What would it look like to move on from the project of demanding that sex work is work? To move on to a politics of crime? I don't want to relinquish our criminal potential. I want underworld bonds, and co-

conspirators, and money hidden in shoeboxes, to be redistributed to enemies of the state—the ones who will never receive a stimulus check, because they’ve got nothing on the books to begin with.

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My boyfriend and I are anarchists. I suppose it’s obvious by now. When I was little, I pored over an edition of Robin Hood with hand-painted illustrations, reading and re-reading the page on which he married Maid Marian. Theirs was an outlaw wedding in the woods, with only animals as witnesses.

I live in this room now, with my boyfriend and his cat, and I think about crime. I make a spreadsheet listing every client I’ve received money from since February, in person or through the internet, and I calculate amounts I can give to bail funds, and to sex worker mutual aid funds, without feeling acute anxiety for my own financial future. I don’t know when I’ll be able to return to full service work. I suppose we will meet strangers freely again some time, but it’s hard to imagine now. Nothing between now and then will be as lucrative.

I don’t know if a criminal kind of class traitorship is valuable, or even possible. But I know whose side I want to be on if and when the world ends, and it’s not the one that’s blue-uniformed, pristine and cashless, fearful of the sick and the dead, holding on, with some vain hope, that the law and its enforcement have any meaning at all beyond this world. I want to be on the side of covert phone calls, and no paper trails, and networks of care, populated by those of us who would rather die than tell—on the side that has already been blamed, and already been sick, and already been masked.

I Must Leave My House

Roaming through the Covid-19 surveillance state

Sean Cooper

April 1, 2020

On the first Friday night of the coronavirus outbreak in Philadelphia the looming violence could not yet be seen or heard firsthand—an unfamiliar, primal menace, vaporous and chemical, it simply lurked in the plane of the abstract. We were obliged to take on good faith the facts of our probable exposure from our septic authorities and the endless supply of online posters, talking like us, who trawled the internet with ravening appetites for breaking information. Fragments of truth and rumor were consumed and impulsively regurgitated back into the online system. Texts and emails of lightly annotated links accumulated, the images and language streams making sly threats against our own collective future, but we wanted to see it all. Bleak possibility of harm now emanated from the routine gestures of office work and shopping for groceries. One became defensively self-conscious of the need to breathe and unusually protective of vital organs. It was still too early for jokes. Humor suggested poor judgment and dubious self-preservation instincts. The trickle-up pandemonium coalesced rapidly into a crude consensus—now, and indefinitely, life outside was untenable, survival required the maniacal aversion of one’s neighbors.

Crowded into small homes and narrow apartments our existence relied upon a new kind of alliance with the internet. Museum tours, music performances, political rallies, visits with the ill, work meetings, children’s art classes, college education, medical consultation, and

religious services took place through grainy videos and speakerphones which we huddled close to like primitives around a fire in the wilderness. Whatever we missed from our former public lives we'd replace with the approximate online reconstruction. There was something significant lost in the exchange of actual experience for the currency of digital safety, but complaints spoiled the mood like bad sportsmanship.

From the news we learned of the digital techniques being deployed worldwide to combat the spread of the pandemic by state governments. Ghost Data and other private technology companies would aid the US, Italy, and at least a dozen other countries to scrape cell phone locations and social media data of hundreds of thousands of users in cities with rising virus death tolls, pulling Instagram stories, social media posts, and online traffic histories to geotag friends and known associates gathering too closely in a park, backyard, or building rooftop, pinpointing the behavior of unlawful social interactions that local police could soon disperse under threat of fine or imprisonment. Ezekiel Emmanuel, the chair of the bioethics department at the University of Pennsylvania, and brother of the former Chicago mayor and Obama's chief-of-staff, has proposed just this solution in order to get America "open" again by June 1.

In Israel the public health office disclosed the capacity of the Shin Bet to track each citizen's entire daily movement. They sent text messages urging self-quarantine to those potentially exposed to infection. For anyone concerned by the spy agency's amassed location data, the alerts delivered to each person's phone assured that "this information will be used only for this purpose and will be erased when no longer needed."

I felt obliged to remain informed and connected. The more I knew about the disease and the more the authorities knew about my behavior the less likely I would become a victim of the virus. "There are circumstances, such as tracking down infected individuals, that do override individual privacy rights, for the common good," one scraping agency spokesperson said. The trace and track of new cases was a necessary step to uphold the health of the republic, the modern person's deterrent against the global spread of contagion. I ensured my personal safety by maintaining a constant online presence. Network connectivity and high frequency web browsing were civic duties, almost acts of patriotism. Only then would my potential crossing of the path with a known vector be simultaneously logged across interlinked corporate and government databases.

With every minute that passed online the dysphoric undercurrent of the virus strengthened. Solitude took on novel meaning. There was no refuge, only work, to maintain the animation of my online

presence. I lived offline and online as two distinct but simultaneous people. My online self excelled in impulsively collecting warnings of what to avoid, where not to go, when it will all be over. But I could not live online any more than I could go to sleep to wake up inside some distant past, a nostalgic, off-kilter rendering of America. An active fantasy, ever evolving, a religious belief that there was a time when this was all better.

Even though the virus operated according to its own lunatic's logic, prowling for new hosts within breathing distance, I still felt an urge to go where I could not be seen, away from the roving optic and the roar of terrible information. My offline self had to go where I could occupy a solitude of my own making. I wanted to deter the various entities, state and private, which would soon insist the constant tracing of my presence served the good of some abstruse commons. This was not some irresponsible desire for safety predicated on ignorance but rather a deeply felt understanding of how to assure my own wellbeing that swelled into an irresistible urge: I must leave my house.

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The modest odor of early cherry blossoms hung in the light breeze of an atypically warm Friday night in north Philadelphia, a scent I could no longer track once I felt the ocular presence of the camera lenses looking down at me from the homes of my neighbors—one to my left, one to my right, and three directly ahead—a collective wide-angle gaze which captured my physical presence. Did the servers logging my real-world movement already know of which path I was predisposed to follow? Was there an analysis that already concluded the percentages for my encounter with a viral host and chances for contagion? Perhaps I'd already been touched by the hand of the disease. There was a blurry line separating the finer qualities of fever and paranoia. Regardless, I was sure there would be safety once I could not be seen, and I headed north towards the wide open space of the city's large stretch of parks which ran parallel to the Schuylkill River, a long undulating edge where the artificial light is sparse and even the leafless trees provide overlapped canopies of shadow along the water.

I walked blocks and did not meet any pedestrians, odd for a spring night in the city. Cars drove by, but not many, and bicyclists indulged the rare freedom by driving down the center of the road with foam boxes of ethnic foods strapped over their shoulders. Every several yards computer printouts were taped on telephone poles at average adult eye level. "Social distancing is our best shot at reducing coronavirus spread," the page said.

“If you need help that a neighbor can provide, email ____@gmail.com and someone from the block will try to help you.”

Old homes like the one I live in have been felled and replaced by tall, sleek houses. They're not exactly identical but they all share certain qualities, like extended familial relations. If they could speak they would talk in the same uptalk-y accents. If they could laugh the sound would be a muddled ooze of cheer. The cameras mounted on their door frames are the size of a narrow tin of mints, with raised camera lenses that sit in glowing rings of neon green and blue, which reflect the illumination in their dark glinting opal. Some homes mount up-market cameras that lack the tacky consumer-model neon but still participate in the continuous supervision.

There's no one outside these homes on the sidewalk; only people hustling up stairs or bodies holding groceries that disappear behind doors hastily shut. I suspect them as much as they suspect me. I quicken my pace to avoid interaction, a futile effort; their cameras leave me marked, my gait captured, a visual record of how I move, the shape of my intention.

Many of these cameras, I notice, watching my watchers, are labeled Ring: a subsidiary of Amazon that interfaces with city police departments to bulk up the Ring Network. An interconnected matrix of consumer home cameras from which the police can request homeowner's footage, the Amazon Ring system is activated at street level by elevated measurements of body heat, the presence of other humans triggering a real-time alert to residents that possible invaders are roaming about their threshold. To encourage participation, some sheriffs raffle off cameras to constituents who comply with the terms and conditions for the Ring Neighbor's program. In Los Angeles, city officials recently budgeted \$50,000 to subsidize residential camera installations.

In the parlance of corporate security theater, to embed high-resolution cameras into a public space is to harden the target, make it more robust, decrease opportunities for crimes to occur without witness. Public surveillance, and the business of providing it, became one of the western world's boom industries from the 1980s onwards, only to accelerate swiftly in the name of combating terrorism after 9/11. Including the demand for hardware and software, by 2025 the total worldwide video surveillance business is expected to hit \$87 billion. Once the social unrest of our current financial crisis begins to manifest in earnest, the growth of the seemingly recession-proof surveillance economy might be even greater than previously predicted.

At the major intersection of my block and a four-way thoroughfare, there are no people, only empty taxis seeking fares, and

pairs of motorbikes, disgruntled exhaust pipe exhalations, flying along, boys at the front, their girls' arms wrapped about their torsos. Through dark windows I see the shelves of the corner florist are empty, the handwritten note on the door says UNFORTUNATELY WE ARE CLOSED UNTIL FURTHER NOTICE. I head west two blocks past shut-down bars and a vacant set of bus benches. A hub of otherwise constant evening activity, this sidewalk stretch in front of a donut shop and laundromat is desolate, the pale blue and white lights of DAILY LAUNDRY shining down on the steel gates pulled over plate glass windows where—on any Friday night—a dozen bodies would sit on hard plastic chairs with their heads framed in the circular liquid panels of stacked industrial appliances.

Atop the street pole an orb camera hovers awkwardly in the negative space between the arm of the traffic signal and the reflective street sign that designates North Seventh. The camera and an identical apparatus on the north side of the block are both the property of the city police, the first capture devices installed as part of Operation Safer Streets, Philadelphia's surveillance program that debuted citywide in 2006, after residents voted 4 to 1 to approve its funding to the tune of 8.9 million dollars. Across from the shuttered laundry a double-long city bus comes to the intersection and its lone passenger exits. I watch the older man shuffle with the aid of a foam-handled cane until I lose his shape to the shadow of the street. I give up on going forward under the cameras towards the water, turning back away from the pair of elevated city lenses.

Passing a sign that says THIS AREA IS BEING MONITORED BY CLOSED CIRCUIT CAMERAS I head east towards the city's other river, the Delaware. The usually crowded streets of Girard Avenue are empty of any other foot traffic. I don't find more city-owned cameras but there's no confidence in the belief that they're not watching. Cameras of all designs can point down from perches several stories high, to examine dark narrow alleys or sections of public space as wide as a quarter mile. Enduring winds up to 155 mph, exposure to the rain and wind, and mild to medium electric shock, the finer camera bodies and lenses are bulletproof, fire resistant, and because of solid reinforced aluminum able to withstand high-force sustained blunt trauma.

More unoccupied taxis crawl in the opposite direction down Girard seeking fare. At the red light I see a driver stare vacantly out his window, eye pouches drooping to his cheeks like runny eggs, his face is not that of a man down at his heels but rather it is the face of a life dictated by rules of an incoherent mathematics. Though seemingly abandoned by civic life, the street is nonetheless charged with an electric anxiety, as palpable as sea salt in the air of a fishing village. At Reggae Vibes, a Caribbean fast food stand a few doors down, a

delivery driver wears a N95 mask while scrolling Instagram in the open door. He notices me watching him consume the platform's images and his eyes crease to a lacquered animosity. Inside, the wood chairs are stacked on tables, no one is allowed to sit.

A few blocks along Girard, the severity of the silence begins to settle in my ears, the lack of human voices or car music. C1 Nails writes on their window in awkward pen DEAR CUSTOMER, WE ARE TAKING PRECAUTION TO ASSURE WE ALL REMAIN HEALTHY SO WE ARE CLOSING FROM 3/16/2020 TO __/__/2020, the return date left blank. City Chopperz Barber tells patrons, DUE TO CORONAVIRUS SHOP WILL BE CLOSED FROM TUESDAY, MARCH 17. RE-OPEN WITHIN 2 WEEKS. BE PATIENT, BEST OF LUCK TO ALL. Riderless buses slink along to their own hydraulic hiss, no one to drop off, no one to pick up.

DUE TO COVID-19. SORRY FOR YOUR INCONVENIENCE.

WE INTEND TO REOPEN WHEN THERE IS BETTER CLARITY.

NO DINE IN, TAKE OUT ONLY.

THIS IS A FLUID SITUATION SO PLEASE BE KIND AND RESPECTFUL TO ONE ANOTHER.

A black piece of foam cut into the shape of a coffin is stapled to a telephone pole outside the Giant grocery store, white block letters say I WAS FCKING BORN HERE TOO.

ATTENTION CORONAVIRUS WE DO NOT TEST FOR THE VIRUS, says Urgent Family Care. DO NOT ENTER OUR FACILITY. PLEASE GO HOME AND CONTACT THE DEPARTMENT OF HEALTH.

I walk along towards the north entrance to my neighborhood's business district. An undulating wave of weed smoke wafts down from open windows of apartments that shed a desolate glow over all the closed shops. It's been 90 minutes since I last went online, my phone and network devices all at home. What do they know, who do they talk to when I've made no purchases at point of sale terminals and have spoken only to myself? I turn the corner towards my block. At the Jewish diner where my daughter orders French toast, the posted door sign says they're shut down IN AN EFFORT TO HELP FLATTEN THE CURVE. A slop bucket hangs from the door with nylon ties, a jagged hole cut into the lid above which a piece of butcher tape reads MAIL. I'm tired now, skeptical of my once certain need for solitude. In its place there's a void, a quiet emptiness. I don't think I can live inside it. It's possible the brief time away was the satisfaction; my exhaustion evidence of gratification. Perhaps, soon I'll again need to seek out the numb hush of a dead city. Perhaps, the next time, they'll be waiting for me.

Where Is Patricia Sigl?

Was she one of the 686 who perished on April 12 or one of the 843 from April 25?

Chloe Aridjis

May 7, 2020

My street is a quiet one, tucked away in the nether regions of Islington, a few minutes from Regent's Canal. Its stillness normally comes at a price since at any given time there are repairs underway—a window frame, a roof, a facade—and the moment one job is done another springs up a few doors down, turning our street into an open-air workshop. But the main movement these days is the come-and-go of delivery vans from Ocado, Iceland, and Sainsburys, and the odd person getting their morning exercise as they shout into their phone. Every now and then an ambulance wails in the distance. It's hard to ignore the eerie disconnect between the silenced street and the tumult of urgency and emergency elsewhere.

Across the garden from my bedroom looms a giant scaffolding that went up in a noisy burst in early March. There is a limit to how much a family's roof extension can be considered essential, so there it sits, awaiting reactivation. Its tarpaulin flaps at night, its metal frames rattle in the wind, and I often can't help thinking it embodies the country's incomplete standstill. For all the talk of normal life being suspended here, London's lockdown has been somewhat of a sham, and much of business has been allowed to continue as usual. Workers' fates remain at the discretion of their bosses, and many offices, factories, and warehouses have not been forced to close.

So far, the UK has the second-highest death toll in the world (fourth

in Europe in terms of deaths per capita), numbers still climbing, largely thanks to the government's shambolic planning and indecision and its great reluctance to harm the economy. Its priorities have been made resoundingly clear. Most large construction projects have not been put on hold, and across the city corporate buildings continue their ascension. And not only in the capital: the government recently gave the green light to HS2, a massive rail project connecting London to the north, which will destroy 108 ancient woodlands, taking the birds and bats nesting in their trees. There's not enough money for the NHS, they claim, yet over \$143 billion available for this ecocidal project, scheduled to commence in a fortnight. As for the city's vast homeless population, 90 percent have supposedly been housed in empty hotels, but it's unclear what awaits them once the hotels reopen.

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During the lockdown we contemplate our structures and infrastructures, those greater infrastructures which until now seemed to hold so much of life in place but have collapsed or been put on pause, and the new structures we must create for ourselves in order to give shape and meaning to the days.

On my daily walks I try to vary my circuits. Parallel streets I've never taken, squares I've never crossed. Every action feels like mimesis, an approximation of real life or a weird reenactment, and walking a bit farther than usual, say all the way down to Clerkenwell or the City, seems almost transgressive. Most of the time, I stay within the vague parameters of my neighborhood. If I turn left onto Gerard Road I soon arrive at the Pixie house, a tree stump with a door attached to its base, a window overhead, and a sign reading PIXIE. Ever since it first appeared a year or two ago I've seen children stop and stare, enchanted, and adults crouching down to take photos. At the moment it seems lived in, no longer part of an imaginary world. The pixie is in quarantine, behind her closed door and shuttered window. Not long ago, fairytale thinking took on another form in a large white house around the corner on Colebrooke Row, where Boris Johnson resided during the entire Brexit campaign. Wild promises were made, none of the fantasies delivered. A shrugging off of the law seems to linger in the area, mainly in the gardens facing his house, where most people ignore the signs painted on the footpath asking for two-meter distancing and requests to enter the park at one end only. The ribbons of tape strung across benches are also defied; visitors remove them and sit down.

If I turn right outside my house I soon arrive at St. Peter's Street, which extends from Essex Road down to Noel Road before

transforming into Wharf Road at the canal. One street away lives a poet friend, nearly 80, who hasn't set foot outside for six weeks. He is one of a number of friends over 70 whom I check on regularly, wondering when I shall see them again. The numbers of those felled by the virus in the UK are dizzying, 800 deaths a day, sometimes closer to 900, and, as elsewhere, a vast percentage of them have been elderly.

In the thicket of data, statistics, and exponential graphs, in the reports of old people dying abandoned in their flats or in care homes, I seek an individual. And each time I seek one, the face of Patricia Sigl rises to mind. Old, solitary, and impoverished, she is the exact sort of person who would get lost in the storm.

...

I first saw her years ago at the British Library, sitting in a corner of Rare Books & Music in front of a mountain of books, her cane propped beside her. Severely hunchbacked, a headscarf tied under her chin, her legs swathed in layers of bandages. At some point I stopped seeing her at the library but began to notice her in my neighborhood, particularly on St. Peter's Street, always alone, grasping onto railings as she advanced, with a cane and many shopping bags. One evening last October I glimpsed her outside the local Tesco eating a bag of crisps and went up to say hello. She seemed so surprised that someone was addressing her, I had to repeat my greeting before she swiveled her head to squint up at me with shiny, vivid eyes. I mentioned I would see her at the library. Yes, she said, she used to go there, but it was no longer possible. She then told me she was American, from Wisconsin, and had been living in London since the Sixties. Her name was Patricia. She was in her mid-eighties, yet her expression remained youthful, her voice almost childlike. She had a PhD in 18th-century literature. No friends or family, she added, but many books. She lived in a one-room council flat near Shoreditch. She smiled as she spoke, as if a little astonished to be hearing her own voice.

We form but one layer of existence, one chapter in the history, of a place. I'm reminded of that as I arrive at Camden Passage, a pedestrian strip lined with small shops, restaurants, and tea salons, usually interspersed with weekly market stalls selling books and vintage trinkets. Now the dimmed shop fronts and absent market stalls represent the shadow selves of human enterprise. At the Camden Head pub only the windows on the top floor, where perhaps the publican lives, remain open. Fifty million pints are threatened to go to waste if the lockdown continues into June, warns the industry.

Camden Passage has been above all the realm of antiquarians, with fourteen shops in the Pierrepont Arcade selling old toys, maps,

porcelain, prints, furniture, watches, and fountain pens, and an outdoor market on Wednesdays, Saturdays, and Sundays. The white indented awning and a string of colored light bulbs give off the aura of an abandoned seaside pavilion. Without modern-day people populating the passage's little alleys, it is easy to imagine a past reality, almost see the specters of former traders and those who used the commonplace objects now sold as antiques and curiosities. Today I can still glimpse Finbar McDonnell with his long coat and scraggly beard, Angel's longest-standing antiques dealer, who passed away last autumn. A much loved character in the neighborhood, he spent pretty much every day of his life in his print shop; it's hard to imagine how he would have endured the quarantine.

There are few antiques to be found at Criterion, the auction house on Essex Road, which usually offers a generous opportunity for window shopping. The shelves by the window have been emptied, and inside only the most unenticing items of furniture remain. All seems quiet at the century-old funeral parlour further down the street, too. WG MILLER, SUPERIOR FUNERALS reads the sign, advertising CREMATIONS and EMBALMING. White slatted blinds are drawn against its black lacquer exterior. Most days an array of flower bouquets sits on the pavement outside, but today there's only a fernlike plant called mother-in-law's tongue in the window and a man in a cap adding a fresh layer of paint to the sill. Funerals have recently been limited to close family, with some directors suggesting livestreaming of burials.

Glimpses of an afterlife are more visible at Get Stuffed, the taxidermy shop on the corner, where the stiff dogs in the display have been given white face masks. The more exotic species dwell at the rear of the shop, unmasked and in the shadows, pretty much emblematic of the animal kingdom's current predicament. Since the lockdown began, people around the world have been commenting on how close they feel to nature, how reconnected to all the flora and fauna. I too have reveled in enthralling images of animals reclaiming urban space, including photographs of a herd of deer lolling about in a garden in east London and the splendid white shaggy goats roaming the streets of Llandudno. Yet my feeling of connectedness to nature has mostly taken on another shape, more tortured and abstract. I think instead about the bats, pangolins, and other live animals in the wet markets in China (and Indonesia) and the cosmic scale of their suffering. The exact origin of this virus has yet to be confirmed but there is no doubt these markets are hubs of cruelty and disease, and I fervently hope this pandemic will bring the consumption of wildlife to an end.

Yet I try not to let the news completely invade my mental space, and work on my novel. Is it still relevant? Does it matter? Well, it happens to feature two people sequestered from the outside world.

And bats. I work at my desk, in the company of my cat, books, and life decisions. Often I despair at being so far from my parents in Mexico and my sister and niece in New York. We've been keeping a chronicle in four voices, a Tale of Three Cities, charting the evolving horror and incompetent leadership in each of our countries. There's no guarantee of a flight between London and Mexico City, and I can't help asking myself how I ended up so far from my family and origins.

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My second encounter with Patricia Sigl took place late last autumn, again at dusk, on the corner of St. Peter's and Devonian. Upon spotting her hunched silhouette, I called out her name. She seemed to recognize my voice before she was able to see my face, again swiveling her head around and tilting it upward—Chloe, right? She held onto a nearby railing, never loosening her grip on her collection of shopping bags, as we stood and chatted. She told me she was managing despite her ailments, and was much more interested in talking about her PhD at Swansea University on an 18th-century playwright named Elizabeth Inchbald whom no one reads anymore. I tried to imagine the path from scholarship to such poverty, and promised myself that the next time I saw her I would invite her to tea at a pub or cafe nearby.

Islington is one of the most diverse boroughs in London, half of its homes privately owned or rented, and half council housing. My street is pretty much split down the middle. The people who have lived here the longest congregate on the pavement, sitting on their steps with cigarettes and cups of tea, a familiarity that extends to the street; they know each other and chat, while most of the private owners withdraw behind their renovated facades. Only the eight o'clock clap for the NHS every Thursday night brings everyone together, a rare moment of communion, when faces appear at windows and doorways to cheer on our beleaguered healthcare workers.

During lockdown we are forced to revisit all the decisions we have made in life, and so must this government. Starved by a decade of Tory austerity, the NHS is understaffed and underfunded and in total disarray. There are also constant reminders of the staggering folly that is Brexit, its idiocy put further on display as the UK missed out on an EU ventilator scheme and PPE distribution, and British doctors and nurses were pulled out of retirement to make up for the shortage of NHS staff after many of the European nurses and doctors lost their right to remain in the country. One can only hope that Boris Johnson, having recovered from Covid-19 himself and now singing the glories of the NHS with particular praise for the two nurses, both immigrants, who didn't leave his bedside while he was in intensive care, will do

far more to guarantee its survival. One hopes he will no longer miss emergency meetings to address the pandemic. One hopes the British media, until now complacent to the point of complicity, can finally bring itself to hold the government accountable for the unfolding catastrophe. One hopes.

It was the NHS surgery on St. Peter's Street that Patricia Sigl would visit regularly, and during these days of crisis I scan the street for a hunched silhouette. It's been several months since I last saw her. I wonder how she is weathering the lockdown. Who checks in on her, who brings her food? Well, the truth is I wonder whether she is still alive. Was she one of the 686 who perished on April 12 or one of the 843 from April 25? Or perhaps, like Finbar McDonnell, she passed away before the nightmare began. Someday, when this crisis is over, I may come across an early edition of Elizabeth Inchbald at one of the antiquarian stalls in Camden Passage, inscribed by a "Miss Patricia Sigl, an American resident in London, authority on the eighteenth century theatre," as I once saw her referred to in a footnote. When this is over, there will be far too many footnotes.

Quarantine Pastoral

Primed for story as we are, we feed our wishes
with even meager leavings

Marco Roth

Bergen Street, 1100 Block Community Garden, April 9, 2020

Every day out of the last twenty-six, for about the length of a cigarette, I've been standing before this inaccessible community garden on Bergen Street between Nostrand and New York Avenues. At the height of spring now, the garden flourishes with daffodils, both yellow and white-petaled, showing their sunburst centers, tulips, hyacinths, purple snowdrops, young leafing trees and a bush with a cluster of red, berry-like flowers that I, city kid and poor botanist, can't recognize. A rickety gazebo with a few plastic chairs is pleasingly sited just off-center, in the lot, joined by an untread meandering dirt path to the padlocked gate of a high, chain-link fence. If anyone comes to tend the place, these days, they must be there at odd hours, very early or after dusk. Each time I've passed by, usually relatively early morning, before nine o'clock, or evenings before six, it's been deserted except for songbirds thronging there, mostly undisturbed. A lone tabby cat I've seen prowling on occasion sometimes stalks them in low-slung hunter's crouch through the grass, belly brushing the dew. The garden is backed against the apse of an old stone church and recent cherry blossoms show like tinkling white and pink bells off the blank gray stone, as if this were some quiet country churchyard somewhere in Northern Europe.

I'm tempted to imagine this small paradise as a place of healing amid all the suffering, the birdsong as antidote to the sirens and the

heavy sound of slamming ambulance doors, the clatter of the gurney in the hall. Or something like a spot of high ground in a flood as waves of catastrophe ride round us. In gloomier moods, I can see the garden as it might become after humans have left, died out, a micro-center of the new wilderness taking over the city. Already a bunch of red tulips thrust their heads through the fence. Soon the roots of the bushes will run under the concrete and break up the sidewalk, the fence will fall, the undergrowth will spread its tendrils, the flowers seed themselves beyond their beds. The imagination is well-furnished with pastorals and apocalyptic visions, none of them exactly true. Primed for story as we are, we feed our wishes with even meager leavings. "Then the last judgment begins and its vision is seen by the imaginative eye of everyone according to the situation he holds," says Blake.

And what if one tries to see things merely as they appear: the flowers do their bloomy thing, the birds sing not so much in relation to the tide of human suffering but perfectly at ease alongside it. The garden exists, as a fact, in history, already a record of a different kind of disaster and recovery: a sign on the fence reads "Here we take care of our legacy of lead" with instructions to all visitors and gardeners to wash their hands after contact with the soil. There's another sign that displays a bit about the garden's history including the year of its founding, 1978, and the names of the six women of the block association who chartered it. I can assume it was a piece of reclaimed land from industrial overdevelopment and urban blight in this part of Brooklyn, a garden intended, I imagine, partly to remediate the toxic soil through the plantings, which, over time, will extract and bind the particles of heavy metals into themselves, and so neutralize them.

Still that's just a different story I can only intuit from a sign. I know nothing really about the place, a stranger in these parts. I only arrived at the beginning of the quarantine period, moving in with a relatively new partner. If there were some custodian to inquire of I could learn more, but people these days aren't very talkative: another human being just looks like a vector of contagion, and everyone is anyway muffled in masks.

Even in better times, my presence here might have been met with suspicion: a middle-aged white man, seemingly well-dressed to the undiscerning eye, or at least wearing a certain class uniform: jeans, a threadbare sportcoat (only I know about the holes in the lining) over an untucked dress shirt, fancy glasses frames, and faux working-man boots. The neighborhood remains predominantly West-Indian Black, a lot of health care workers in scrubs and transit workers, public school teachers and municipal employees; many old people as well.

How I came to experience the great public health crisis of our time

from a ringside seat in one of the most afflicted neighborhoods in the five boroughs still feels mysterious to me, as if I ended up somehow in the wrong body. Almost everyone I know of my age and background has fled the city to second houses or to friends and family upstate and out-of-state. I'm too old to be one of the recently arrived twenty-something white kids who circulate in blithe defiance of social-distancing orders at the noxious tiki bar next to the garden. They come for "to-go cocktails" at half past six but often linger in little clusters. All of them wear masks now, but it just makes them seem like stranded ghosts of that other New York, when the fourteen-dollar cocktail was served next to the check cashing store. It's not that I've suffered, but that I've stayed more or less the same for the last fifteen years, living off a small managed inheritance, writing not often enough, or not for enough money, accepting less for doing the teaching and editing work that a generation ago might have ensured me a decent standard of living, a large apartment or a house, even in this city of my birth, with a small garden. I wasn't ambitious at the right time of my life, or not ambitious in the right ways, or just disorganized, inattentive, and underappreciative of risk.

Some days, the thought I might die here during this pandemic fills me with bemusement, some days with dread. Some days I've thought that my purpose in coming here was to die. "If it be not now, it will come." Am I then practicing a kind of readiness? In the self-involved moods, yes. Bury me in the garden, and et in arcadia ego. My first night here, going to bed, I felt I was in the presence of death, thick and foglike, a mass that was darkness within darkness. It sat there in the room, the blackout curtains drawn. I was right to fear and right to sense it, but it wasn't yet for me. Perhaps I've come here not as a terminally vague, indecisive Hamlet-quoting autofictionist, but as a witness, a kind of Horatio. I will breathe the air of the world again a little longer and tell another's story.

Like so much else in American life, a kind of perpetual perverse morality play, where vice is rewarded and virtue is punished, as if our national novel should be called *120-Plus Years of Sodom and Counting*, the coronavirus pandemic afflicts the already afflicted. The death tolls in Black communities, like the one where I find myself, is astonishing. Asthma rates in these communities were already terrible, the lack of basic preventive care and frontline medical treatment chronicled in reports and studies that piled up in Departments of Health and Human Services unread or unacted upon. To this add the studies that show that stress and economic hardship are themselves a kind of "pre-existing" medical condition that weakens immune systems and literally saps the will to live. The ingredients of the unfolding mass death rates were already present. It took just the one spark.

Perhaps the fact that life before for so many was already a step from disaster explains the way people go about their lives here, an everydayness, a getting on that ought to shame the hysterical preppers and doorknob wipers of Park Slope, people with neurotic fears of the subway system before the neurotic became the rational. I talked to my aunt the other evening. She's 84 and quarantined on the Upper West Side. There's some commotion, she says, and she can't hear me. It's seven o'clock and people are applauding the health care workers, banging pots, ringing bells. Here, in the neighborhood where some of the workers live, no one claps or shouts. All is quiet except for the sirens and the occasional car stereo. At twilight, the streets are full of people returning from work, masked, hunched, walking in pairs or sometimes even small groups, heedless of injunctions to distance; most likely they'd anyway just emerged from a crowded subway car or ended a shift at a narrow-aisled supermarket where social distancing has proved impracticable, or a hospital. What is it my neighbors know that "my audience," dangerous thing for a writer to think about, does not? That the crisis isn't something to be controlled, only weathered? That most days there's no progress, only storm?

Recently, someone graffitied "Obama" over one of the signs on the community garden fence. Who knows whether it was intended as mockery, reminder, or inspiration. Maybe the witster is pointing out that Hope right now is a locked garden, or alluding to 2008's "change we can believe in" slogan. No doubt I've also misread my neighbors' stoicism, the degree of their acceptance. There's a cliché about New York City that the only constant is the unceasingness of change. As the garden reminds, this is true of nature, too. Last year is dead, it seems to say. But the garden also gives a clue to how the new city, germinating already out of our toxic, plague-haunted soil, could be better than what it grows over: it will have to be wrested from the land with the same determination it took the six women named on the sign to make this spot out of the ruins of industrial New York and preserve it against the New York of destructive real estate developers. Like the old garden, the new city should also come with a sign:

"Here we take care of our legacy of the dead."

Our Contributors

Jessie Kindig is an editor at Verso Books. Her writing has appeared in *Artforum*, *n + 1*, and the *Boston Review*, and she is the editor of *The Verso Book of Feminism*.

Andrew Liu is an assistant professor of history at Villanova University who writes about modern China, transnational Asia, and the history of capitalism. He is the author of *Tea War: A History of Capitalism in China and India*.

Rachel Ossip is the managing editor of *n + 1*.

Gabriel Winant is assistant professor of history at the University of Chicago. He is currently completing a book on care work and the Rust Belt.

Francesco Pacifico is a novelist based in Rome. He is the author of the novels *The Story of My Purity*, *Class*, and the forthcoming *The Women I Love*. He is a founder and editor of the internet magazine *Il Tascabile*.

Sarah Resnick's writing has appeared in the *New Yorker*, *n + 1*, and the Pushcart Prize and *Best American Essays* anthologies.

Teresa Thornhill is a linguist, writer, and child protection barrister with a special interest in the Middle East. Her previous books include *Hara Hotel: A Tale of Syrian Refugees in Greece*, *Sweet Tea with Cardamom: A Journey through Iraqi Kurdistan*, and *The Curtain Maker of Beirut: Conversations with the Lebanese*.

Shigraf Zahbi studies literature in New Delhi.

Debjani Bhattacharyya teaches history at Drexel University and recently published *Empire and Ecology in the Bengal Delta: The Making of Calcutta*.

Banu Subramaniam is professor of Women, Gender, Sexuality Studies at the University of Massachusetts, Amherst, and author of the recent *Holy Science: The Biopolitics of Hindu Nationalism*.

Mark Krotov is the publisher and co-editor of *n + 1*.

Karim Sariahmed is an internal medicine resident focused on the political economy of health work and a member of Put People First! PA.

Ana Cecilia Alvarez is a writer from Mexico City living in California.

Jack Norton is a researcher on the *In Our Backyards* initiative at the Vera Institute of Justice, where he studies the political economy of jail incarceration in rural areas and small cities. His writing and photography has appeared in many outlets, including *The Guardian*, *Truthout*, *The New York Review of Books*, *Social Justice*, and *Jacobin*.

Laleh Khalili is a Professor of International Politics at Queen Mary University of London. She is the author of *Sinews of War and Trade: Shipping and Capitalism in the Arabian Peninsula*, *Heroes and Martyrs of Palestine: The Politics of National Commemoration*, and *Time in the Shadows: Confinement in Counterinsurgencies*.

Aaron Timms is a writer living in New York.

Sonya Aragon is a writer living in New York.

Sean Patrick Cooper's journalism has appeared in *Tablet*, *The New Republic*, *The Baffler*, and elsewhere. His first book, about an unsolved murder and the 1980s farm crisis, is forthcoming from Penguin.

Chloe Aridjis's third novel, *Sea Monsters*, was recently awarded the PEN/Faulkner Award.

Marco Roth is an editor and co-founder of *n + 1*. He is the author of *The Scientists: A Family Romance*.

Notes

Chapter 1. “Chinese Virus,” World Market

- 1<https://www.chron.com/opinion/outlook/article/Food-for-thought-SARS-link-to-Cantonese-cuisine-2111623.php>
- 2<https://twitter.com/DustyFukuyama/status/1225302415324274688>

Chapter 3. Coronavirus and Chronopolitics

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- 2<https://inthesetimes.com/working/entry/22392/workers-labor-coronavirus-concessions-rent-eviction-moratorium>

Chapter 6. “It Takes More Than a Virus to Make Us Nervous”

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Chapter 9. Architecture Against Trump

- 1<https://www.dropbox.com/s/ddt6l23bl7alxq1/Architecture%20Against%20Trump%20by%20Michael%20Sorkin.pdf?dl=0>

Chapter 10. There Is No Outside

- 1<https://www.putpeoplefirstpa.org/coronavirus/>
- 2The National Union of the Homeless and PPF-PA unite with many other organizations under the banner of the Poor People’s

Campaign: A National Call for Moral Revival. It is the rebirth of the original Poor People's Campaign called for by Martin Luther King, Jr. when he began to speak out against the war in Vietnam and economic injustice, transitioning from a framework of civil rights to human rights. This is the vision that can unite many different parts of the working class. It brings health workers together with homeless folks as movement siblings, rather than as victim and savior.

Chapter 13. Adrift at Sea

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